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ABSTRACT

The study examines the effectiveness of the New York City mandated (Chapter 53 of the Laws of 1980) screening program to identify handicapped and gifted students entering kindergarten or first grade. Noted are the law's assumptions: (1) that it is possible to determine giftedness or handicapping conditions at ages 5 and 6; (2) that it is possible to detect either category from a single test; and (3) that local districts, without state funding, will commit their limited resources to following up screening results with special programs. To test these assumptions, programs in nine representative school districts in the city were examined through review of records and onsite interviews. Results are reported in terms of the difficulties in implementing the following legal requirements: supplying appropriately trained and qualified personnel; screening in a fair and unbiased manner; meeting the required deadline; obtaining the necessary physical examinations; using specific tests; writing reports of the screening results and referrals; and notifying parents and maintaining confidentiality of records. The evaluation concludes that the program is worthwhile despite problems in the areas of delays in obtaining results and the lack of meaningful programs in kindergarten and first grade for children identified through the process. Appendices contain interview, screening test, city reporting, and screening results forms; a copy of the report required by the State of New York; and copies of the screening letters sent to parents. (DB)

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7631

Children ÷ ($ + Tests) = ?

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CHAPTER 53 EARLY SCREENING FOR HANDICAPPED OR GIFTED

Is it working?

$$\frac{\text{Children}}{(\$ + \text{Tests})} \times \text{Follow-up} = \text{Results}$$

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A report of the
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and Judith Kaufman, Ph.D.

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CHAPTER 53 EARLY SCREENING FOR HANDICAPPED OR GIFTED
Is It Working?

A Report of the Public Education Association
Prepared with Funding from
New York Community Trust

by

Paula J. Hepner, Esq., Project Director
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EXECUTIVE SUMMARY

I. INTRODUCTION

Although Chapter 53 of the Laws of 1980 mandates early screening for all new entrants to the public schools, this study covers only kindergarten and first-grade pupils. The legislation makes the following assumptions: (1) that it is possible to determine giftedness or handicapping conditions at ages five and six; (2) that it is possible to detect either category from a single test; and (3) that local districts, without state funding, will commit their limited resources to following up the screening results with special programs. To test these assumptions, this study, using a representative sample of community school districts, investigates the implementation and results of their kindergarten and first-grade screening program.

II. BACKGROUND TO THE STUDY

A. Historical Foundation for Screening

Early childhood screening legislation began with federal efforts in 1967. The purpose was to detect health problems rather than educational deficits. In New York State, the Fleischmann Report of 1972 was the first major recommendation for school-based educationally oriented screening programs. Acting on the report, the Board of Regents advocated screening of all school children for handicapping conditions. In 1973, Congress passed the Rehabilitation Act requiring school districts to find all qualified handicapped children not receiving a public education and notify parents or guardians of their right to attend school. The federal Education for All Handicapped Children Act followed, also mandating identification of all handicapped children. In compliance, the New York

legislature enacted two laws: Chapter 919 of the Laws of 1974 and Chapter 853 of the Laws of 1976. In 1978, a Special Education Classification and Standards Project was created to evaluate the new state laws. In 1980, it issued its report, a byproduct of which was the enactment of Chapter 53 of the Laws of 1980, mandating screening for not only the handicapped but also the gifted.

B. New York Screening Mandate -- Chapter 53

1. Purpose of the Statute

The purpose of the screening mandate is to identify children who are either educationally handicapped or gifted, who will then be referred for further evaluation, as required by law.

2. Mandate of the Law and Regulations

Chapter 53 merely provides for screening every new school entrant, such screening to include a physical examination with proof of immunization and a language development assessment. Regulations to carry out the mandate are left to the responsible state agency to develop.

3. Monetary Commitment

New York City spends approximately half of its money for diagnostic screening on children in kindergarten and first grade -- nearly $2 million. The state now funds the major portion but is anxious to eliminate such funding from its budget. This means the costs would be borne by local districts. Whether they would consider the program a priority is a concern of this study.

C. Philosophy and Politics of Screening

Although educators agree on the importance of early intervention for handicapped and gifted children, there is wide disagreement on the best way to identify these children and what skills are the best indicators;

also what, if any, impact socio-economic and cultural background have on learning. Moreover, most screening instruments do not reflect the impact of environmental factors and divergent growth patterns on learning, nor do they take into account creativity; the emphasis is on standardization, with the result that the child who does not fit the norm is in danger of being labeled "exceptional."

The question is, Is it possible for New York to achieve its goal of identifying potentially handicapped or gifted children through the early screening program when the program itself is based on questionable assumptions?

III. METHOD OF THE STUDY

A. Districts Studied

From the thirty-two school districts in the city, a representative sample of nine, based on size, ethnicity, referrals to special education, and socio-economic status was selected: one from Manhattan, two from the Bronx, three from Queens, and three from Brooklyn. One district from Queens dropped out from the study and was not replaced.

B. Instruments and Procedures

The study was conducted in two stages. First, the Chapter 53 project director gathered information concerning the management of the screening program and the way it evolved over the four years it has been functioning. Citywide screening plans were reviewed, along with results of the program in the districts under study. Questionnaires were then developed for the district screening administrators, principals, classroom teachers, and members of the school-based support team.

After the questionnaires were prepared, PEA volunteers were divided into teams of two and assigned to the districts. Unless not feasible, as with some classroom teachers, all questionnaires were to be completed during the on-site interview.

IV. RESULTS OF THE STUDY

A. Description of the Screening Program, 1981-1985

The Board of Education began its screening program in 1981 with the Office of Pupil Personnel Services--Student Screening responsible for its implementation in the thirty-two school districts. After initial trial and error, the screening coordinators, who were selected to serve as the liaison with the central office, were upgraded to administrators, with thirty-two appointed for the districts and three for the high schools; the screening instruments for kindergarten and first grade were finally chosen; the administrators were made responsible for health, hearing, and vision screenings; rotating screening teams, trained by the administrators and made up of teachers and paraprofessionals, administered the tests; foreign language consultants were hired to assist the screening teams where needed; and the Brigance K-1 test was renormed for New York City.

B. Implementation of Chapter 53's Requirements

1. Appropriately Trained and Qualified Personnel

Regulations require that the screening be done by appropriately trained and qualified personnel. None of the administrators interviewed reported difficulty in finding good people, albeit time-consuming.

2. Screening in a Fair and Unbiased Manner

Regulations require that the screening be done in the child's native language. Much dissatisfaction was expressed by the interviewees

in the way this problem was handled. Also, some dissatisfaction was reported with the testing environment, which ideally should be comfortable and inviting and large enough to conduct gross motor assessments that involve a good deal of physical activity.

3. The Deadline

Regulations require that testing be completed by December 1 of the year of entry. In New York City, however, many children enter school at mid-year, after the teams have left the district, a situation that creates obvious problems. Also, if a district is heavily populated, it must allocate additional resources of its own to complete the screening by the deadline. Despite the early testing, screening results are mostly received too late to be of value.

4. The Health Component to Screening

Regulations require a physical examination to be coupled with the screening results. The physical should include hearing and vision tests, scoliosis testing, and an assessment of physical development relative to chronological age. The study shows that only in the three districts that have their own health aides are the screening results not delayed awaiting the vision and hearing evaluations.

5. The Screening Instruments

Regulations require the screening instruments to include tests for language, motor, articulation, and cognitive development.

a. Kindergarten

The test for five-year-olds is Developmental Indicators for the Assessment of Learning (DIAL), which assesses four skill areas: gross motor, fine motor, concepts, and communication. All descriptions of DIAL

indicate its purpose is to screen for delay rather than giftedness. Superintendents have the option of substituting the first-grade test, Brigance K-1, with the result that only three districts in the study used DIAL for their five-year-olds despite the general belief that it yields more comprehensive results than Brigance for that age level.

b. First Grade

The screen for six-year-olds is a version of the Brigance K-1, renormed for New York City. The K-1 screen measures such abilities, among others, as recall, recognition, and numerical comprehension, and reading readiness. It does not adequately measure language development. It also relies too heavily on rote memory and environmental exposure; thus, a child who has not been "trained" or environmentally stimulated might be diagnosed erroneously as handicapped.

Everyone interviewed expressed concern that the renorming of Brigance results in inflated scores, producing too many children in the gifted range and too few in the handicapped range. However, despite their shortcomings, the consensus is that both tests are adequate, though no one is willing to rely on them completely.

6. Written Reports of the Screening Results and Referrals

a. Written Reports

Regulations require that the school districts prepare a tally of the number of children screened and the dollar amount spent on the program. The Board of Education has refined that requirement to also include the outcome of the screening according to the designated four categories -- (a) nothing further required, (b) request SBST assistance, (c) further observation needed, and (d) referral to superintendent -- the number of children screened in a foreign language, a breakdown according to language, and data regarding testing for limited English proficient (LEP) children.

b. Referrals

Regulations require school districts to make referrals on the basis of the screening results. However, all districts in the study maintained that no kindergarten or first-grade pupil should be referred to the Committee on the Handicapped unless all concerned are in agreement. Even then they would defer referrals until the child could be reevaluated later in the year.

There is not the same unanimity of concern regarding possibly gifted children, even though the renormed Brigance produces far more children scoring in the gifted range than actually are.

7. Parental Notification and Confidentiality of Records

Parents have the right to be notified that screening will take place and, after the testing, to be given the results. New York claims to have notices available in thirty-six languages; however the districts visited have received sample notices only in English and Spanish. The same discrepancy is true of the form developed by the Board of Education used to report the results of the tests. In both instances, where many foreign languages are spoken, volunteers are sought to explain the program to parents and to help them interpret the results. Neither the notice nor the results form informs the parents regarding their rights of access and privacy.

V. FOLLOW UP: THE BOTTOM LINE

A. Implications of the Screening Mandate

The screening mandate is pointless if it cannot be followed up with meaningful programs, and interviewees in all eight districts expressed concern over lack of funds to create such programs.

Yet, despite limited resources, some districts have managed to provide follow-up programs by juggling monies given over for other purposes. Unfortunately, this is not universally the case. One district admits to having no program at all.

Although some attempts have been made to serve at-risk children, for those who fall into the "further observation needed" category, little is done. The concern here is that with the inflated scoring due to renorming, these children are at risk and not receiving even limited help.

Programs for gifted children are harder to come by because of their lower priority. Yet, here, too, one district reports a gifted class in each elementary grade.

B. Parental Involvement

According to school personnel, parental involvement in the screening program is minimal. This is unfortunate because parents could help the prescriptive process by working with their children at home. Wonderful materials are available, largely unused.

School personnel blame apathy for this lack of interest, yet it is obvious that lack of communication about the program is part of the cause.

VI. CONCLUSIONS AND RECOMMENDATIONS

The value of the Chapter 53 program is in doubt, with the pluses seemingly outweighed by the negative aspects. Yet, it is an appreciated resource, worthy of attempting to modify and be made workable.

The recommendations focus on two main problem areas: (1) the delays experienced in obtaining results, often coming too late to be of value, and (2) the lack of meaningful programs in kindergarten and first grade to address the needs of children identified through the screening process.

Ensuring that the vision and hearing evaluations be completed before the learning evaluations are conducted, preferably within the first two weeks of school, so as not to delay or distort the results would go a long way toward solving the first problem.

Making the screening process a combination of diagnosis and prescription by integrating it fully with education planning and program implementation in the classroom would help solve the other problem area. Two approaches to achieving the desired integration are suggested -- both are prescriptive in character, ongoing, and classroom based.

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District 1

PEA Researchers - Trustees Frederica Barbour, Diana Loeb and Royce Roth
Superintendent - Bernard Mecklowitz
District Screening Administrator - Joan Gutkin
Principal - Betty Machol
Assistant Principal - Maryanne Wasserman
Teachers - K. West, Joyce Pacelli

District 11

PEA Researcher - Trustee Sheila Haber
Superintendent - Nicholas Cicchetti
District Screening Administrator - Patricia Romandetto
Early Childhood Co-ordinator - Carol Sanders
Principals - Joseph Kovaly, Meryl Natelli
Teacher Trainer, PEG Program - Leslie Gordon
PEG Teacher - Teddy Farrell
PEG Paraprofessional - Marjorie Burnett
SBST Member - Trudy Bassin

District 12

PEA Researchers - Trustee Candido DeLeon, Volunteer Suzanne Heller Haber
District Screening Administrator - Carmen Sonia Colon
Principal - Mr. Finkelstein
Assistant Principal - Gloria Quartaro
Teacher - Geraldine Rugani, Mrs. Lovell

District 17

PEA Researcher - Trustee Catherine Meacham
Superintendent - Minta Spain
District Screening Administrator - Robert Rogers
Acting Early Childhood Co-ordinator - Carole Hinkelman
Principals - Alvin Topol, Marilyn Reid
Chairperson - Angelo Siconalfi
Teachers - Margaret Smith, Michael Axelrod and Rosalyn Steinman
President of PTA, P.S. 339 - Mrs. Kennedy

District 18

PEA Researcher - Volunteer Barbara Martz
Superintendent - Dr. Harvey Garner
District Screening Administrator - Eleanor Jakubovitz
Principal - Norma Siegel
Assistant Principals - Mrs. Navre, Mr. Sollano
Teachers - Mrs. Zatz, Linda Feller
SBST Members - Mrs. Buchwald, Mrs. Olin
Warren Glenn (no title given)

District 22

PEA Researcher - Trustee Ralph Brande
Superintendent - Fred Zahn
District Screening Administrator - Allison Terjesen
Principals - Virginia Flangan, Joan Snow
Teachers - Rosemary Adhern, Joan Diamond and Marian Gordon
SBST Member - M. Kissin

District 24

PEA Researchers - Trustee Sheila Haber, Volunteer William Lievow
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Principals - Jack Berbiglia, Fred Izzo
Assistant Principal - Harvey Shearer

District 28

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Superintendent - Joseph Petrella
District Screening Administrator - Marjorie Richardson
Principals - Rose Lee, Eleanor Levy
Teachers - Renee Baldwin, Henry Feldman
SBST Members - Mary Hughes, Stuart Sherman

New York City Board of Education

Director, Office of Student Health & Screening Services - Lewis Rappaport
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New York State Department of Education

Superintendent of Schools - Lawrence H. Weintraub

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June 1, 1986
New York, New York

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I. INTRODUCTION

With the passage of Chapter 53 of the Laws of 1980, the New York Legislature enacted a statewide program mandating diagnostic screening of every new entrant to the public schools. The Chapter 53 screening program is intended to be a preliminary method for distinguishing those students who may be gifted and/or those who may have a handicapping condition. The statute requires school districts to base these determinations, at a minimum, upon the results of a physical examination of each child and upon the results of a language development assessment administered to each child.

Although Chapter 53 screening applies to all new entrants regardless of their age or grade upon entry to the public schools, this study is concerned only with the screening program for kindergarten and first-grade pupils for two reasons. One, they compose the largest segment of the school population affected and New York spends more than half of the money allocated for diagnostic testing on them. Two, the controversy over testing methods and evaluating procedures of young children is a vital concern. While virtually all educators agree that early intervention is an important factor in preventing future school failure, there is a significant split of opinion among educators and psychologists about how to go about it. Especially in question is the reliability of results obtained from testing children at a time of such developmental variability.

This legislation assumes many things: first, that it is possible to ascertain giftedness or special educational needs at the early age of five and six; second, that the propensity toward either category can be detected by a single, quickly administered standardized test; and third,

that local school districts, without supplemental financial assistance from the state, will consider the development of early childhood programs a priority and commit funds from their limited resources to the development of programs to address the educational needs which the screening program identifies.

To test these assumptions, this project investigates the implementation and results of the kindergarten and first-grade screening program in a representative sample of community school districts in New York City to determine whether and to what extent the legislative goals are being realized.

II. BACKGROUND TO THE STUDY

A. Historical Foundations for Screening

The trend to enact early childhood screening legislation has its origins in a combination of initiatives emanating from the U.S. Congress and the New York Legislature. The first important piece of legislation was the 1967 amendments to Title XIX of the Social Security Act which provided increased money for Early and Periodic Screening, Diagnosis and Treatment [EPSDT] for Medicaid-eligible children under the age of twenty-one [42 U.S.C. Section 1396(a)(4)].*

The first major recommendation of school-based early childhood, educationally oriented screening programs in New York came in 1973 with the issuance of the Report of the Fleischmann Commission. Appointed in 1970 to study the quality, cost, and financing of education in New York, the commission found that nearly one in ten New York pupils had a handicapping condition, yet New York's public schools were serving only

*The regulations promulgated by the Secretary of Health, Education and Welfare defined screening as including, but not limited to, "health and developmental assessments" [42 C.F.R. Part 441.56]. In reality the main purpose for the EPSDT funds was to assure early detection, treatment, and follow-up care for specific health problems, particularly those related to hearing, vision, and general physical development, rather than the detection of educational deficits.

53% of these children [Report of the New York State Commission on the Quality, Cost, and Financing of Elementary and Secondary Education, Volume 2, p. 1.63 (1972)].*

In the same year, however, the Congress passed the Rehabilitation Act of 1973 which required school districts to locate every qualified handicapped person not receiving a public education and to take appropriate steps to notify each child's parent of the right to attend school [45 C.F.R. Part 84.32]. Soon thereafter, the Education For All Handicapped Children Act was passed by Congress, also mandating the identification of all children with handicapping conditions [20 U.S.C. 1401 et. seq.]. To comply with these laws, the New York Legislature enacted two measures to meet some of the new federal mandates: Chapter 919 of the Laws of 1974 and Chapter 853 of the Laws of 1976.

*In part, this situation was attributed to an inadequate diagnostic procedure for identifying children with handicapping conditions. Therefore, the Commission recommended that in order to "help identify the more than 200,000 children not presently receiving any special services, a basic and simple screening test should be administered to every child upon entry to school, public or private" [Id. at 9.51.]. The first step in turning the Fleischmann Commission's recommendations into a statutory mandate was the Board of Regents' issuance of a position paper discussing the responsibilities of the state for educating handicapped children. In it, the first of ten duties listed was "to promote the identification and screening for handicapping conditions by county and city health offices and by all the schools in each region, both public and non-public." [Position Paper #20. The Education of Children with Handicapping Conditions: A Statement of Policy and Proposed Action, Regents of the University of the State of New York, The State Education Department, p. 13 (November, 1973)].

Chapter 919 established a "mandatory learning impediment screening program to enable school districts to detect quickly and accurately the presence of handicaps likely to impede the learning process at the earliest possible point during a child's schooling."*

Chapter 853 of the Laws of 1976 mandated New York's school districts to ascertain the number of handicapped children in the school district under the age of twenty-one and furnish suitable educational opportunities for these children depending upon their individual needs [N.Y. Education Law Section 4402.1a and 4402.2a (McKinneys 1977)]. By virtue of this legislation, a procedure more complex than the screening program contemplated earlier became mandatory for diagnosing all children thought to be "handicapped" [8 N.Y.C.R.R. Parts 200.4 and 200.5].

With the new law, it could be said that Chapter 919 became obsolete. Thus, in 1978, the Assistant Commissioner for the Education of Children with Handicapping Conditions created a Special Education Classification and Standards Project to study and evaluate the new state law in relation to the requirements of the federal mandates of P.L. 94-142.+

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*Chapter 919 required school districts to report their findings to the legislature by March 1, 1975, so that it could draft a statewide screening procedure to detect the presence of all impediments to the learning process "including learning disabilities, mental retardation, brain damage, emotional disturbance or cultural disadvantage as well as a child's general behavior, motor and sensory integration, laterality and directionality, visual and auditory perception and acuity, conceptual skills, language development and previous academic experience."

+Although the primary purpose of the Classification and Standards Project was to create a system for providing special education services without the stigma that comes from being labeled "handicapped," the project produced a paper dated September 15, 1978, devoted to the topic of "Child Identification," which discussed early screening as a strategy to help schools fulfill the federal mandate to identify and serve all children with handicapping conditions. This paper discussed the role of a single screening instrument that could quickly assess a child's language, social and developmental needs so that children who were in need of supplemental or remedial assistance might be immediately detected and placed in programs without having to be referred to the special education system as a child suspected of having a handicapping condition and unnecessarily undergo the ordeal of a comprehensive multidisciplinary assessment.

The Special Education Classification and Standards Project issued its report to the Regents in March, 1980, and, along with its other recommendations for a system of noncategorical placement, suggested a comprehensive early identification and screening mandate. Based on this recommendation, both the Governor and the Regents included in their budget bills for 1980 provisions requiring school districts to provide for the screening of every new entrant to school. To escape attack as a duplication of effort, the screening and special education processes were viewed as sequential, and both bills provided that if the results of the screening suggest the existence of a handicapping condition, a referral for further evaluation should be made to the district committee on the handicapped so an in-depth assessment could be performed [S.7701 and A. 9101 (1980 Budget bills submitted by the Governor, Section 44); S. 8181 (1980 Budget bill submitted by the Board of Regents, Section 13)]. When the legislation finally emerged from the legislative process and a statewide screening mandate was enacted as Chapter 53 of the Laws of 1980, the statute contained a somewhat different mission, i.e., the identification of children who may be possibly gifted as well as those who may be possibly handicapped.

B. New York Screening Mandate--Chapter 53

1. Purpose of the Statute

The State Education Department defines screening as "a preliminary method of distinguishing from the total school population, those students who may possibly have a handicapping condition or those who may possibly be gifted." Screening, then, is to identify children who need further evaluation because they demonstrate either remarkable abilities or

deficits. Like a snapshot, the screening instrument is meant to record a child's skills at one moment in time, specifically during the first three months of the school year. The screening mandate was conceived to ensure that school districts would meet their federal and state obligations to find and educate children with handicapping conditions, though it clearly was never thought of as a substitute for the comprehensive, interdisciplinary evaluation required by P.L. 94-142.

2. Mandates of the Law and Regulations

Like most laws, Chapter 53's enabling legislation contains only skeletal directives from the legislature leaving it up to the state agency charged with administering the statute to develop effective regulations to fulfill legislative intent. Section 3208.6 of the New York Education Law contains the screening mandate and it simply requires all school districts to "provide for the screening of every new entrant to school" and specifies that "the screening must include, but is not limited to, a physical examination with proof of immunization and a language development assessment."

The regulations promulgated by the Commissioner of Education [8 N.Y.C.R.R. Part 117] require school districts to:

- o assure that the screening is conducted by persons who are appropriately trained or qualified;
- o assure that children are screened in a fair and unbiased manner including the testing of students in their native language if they are limited English proficient or the language of the home is other than English;
- o Arrange to complete the screening by December 1 of the year of entry;

- o include a health examination by a licensed physician which consists of hearing, vision, scoliosis in addition to an assessment of the child's physical development relative to his/her chronological age, and verify that each student has a certificate of immunization;

- o include in the screening battery tests for receptive and expressive language development, motor development, articulation skills and cognitive development;

- o prepare a written report of the screening results and make referrals of children, based upon specific criteria, who are either possibly gifted or possibly handicapped.

In its technical assistance manual describing the screening program in detail, the State Education Department requires school districts to develop a plan for screening prior to the beginning of each school year. The plan must contain procedures describing (1) administrative responsibilities for the screening program; (2) how the screening of all new entrants will be conducted; (3) the test instruments used on each grade level; (4) how non-English-speaking students are to be screened; (5) parental notification and involvement in the screening, and confidentiality of records;* (6) criteria for referring children as gifted or handicapped; and (7) in-service training of those who administer the screening tests.

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*Neither the law nor the Commissioner's regulations provide for parental notification and consent to the screening process or confidentiality of records; yet because the screening results automatically become a part of the child's permanent school record, school districts are required to establish policies for safeguarding the confidentiality of information contained in each child's record and must inform parents of their right to privacy, access, and the opportunity to challenge misleading, inaccurate, or otherwise inappropriate information found in the records.

3. Monetary Commitment

Although screening is mandated for all new entrants to the public schools and, in addition, for all third, eighth, and ninth-grade students who score below a certain percentile on standardized reading and math tests, New York City does not administer a screening battery to these students. To the extent possible, it relies, instead, upon these students' scores on the standardized tests as a basis for making a formal referral to special education. This allows New York City to spend more than half of its money for diagnostic screening on the assessment of children in kindergarten and first grade.

Initially, $3 million dollars in state aid was allocated to New York City of which $1.6 million was spent on diagnostic screening of kindergartners and first-graders. Since then, state aid has increased to just over $3.3 million dollars, and New York City's allocation for kindergarten and first-grade screening has increased to nearly $2 million. According to the expenditure reports for diagnostic screening submitted to the State Education Department by the New York City Board of Education, the total cost of the screening program for students of all ages was $4.2 million dollars during 1984-85. From the Board of Education's annual budget estimates, it is evident that 90% of the costs of the screening program go toward personnel and 10% cover all other costs.

Since the state began to require these reports (1983-84), it has become clear that the state is funding the major portion of the costs of the screening program. With regularity, the State Education Department has attempted in the years since the enactment of Chapter 53 to eliminate the costs of the screening program from its budget. This would leave the

mandate in place but require the local districts to cover the costs of the program from their tax levy base. Whether community school districts would consider the screening program a fiscal priority -- without state reimbursement -- is an important concern of this project.

C. Philosophy and Politics of Screening

Educators working with handicapped children have long advocated that children with potential learning difficulties be helped early in order to minimize the risk of later school failure. Despite this general agreement there are widely differing opinions on the best way to identify such children. This divergence of opinion is reflected in the growing number of screening instruments and the ongoing debate over what skills are the best predictors of future academic performance.* The impact on later school achievement of demographic characteristics such as socio-economic status, race, sex, and cultural and linguistic backgrounds, as well as teacher expectations, have been debated with equal intensity among special educators.

Although the need for early intervention is not a question here, what is at issue is whether it is possible for New York to achieve its goal of identifying children who are either potentially gifted or potentially handicapped by the screening methods currently in use.

First, there is the assumption that standardized assessments, whether educational or psychological, yield a precise and repeatedly reliable result. Because of a variety of reasons, diagnostic assessment cannot be

*Those most often cited include reading readiness, language development, learning style, IQ score, dental development, left/right discrimination, adaptive behavior, and visual motor proficiency.

treated as an exact science: The tests do not represent the cultural and linguistic diversity of the populations to which they are applied; responses to test questions may depend as much on the subject's emotional state as on intellectual capabilities; the correctness of answers is subjectively determined and may vary from examiner to examiner; and there is a lack of norms reflecting cultural and linguistic diversity.

A second assumption is that the measured performance of five- and six-year-olds is indicative of future academic performance. This is also questionable. Testing children of kindergarten or first-grade age evaluates them during one of the more variable periods of development. Language, cognitive, motor, and perceptual skills do not develop at uniform rates, yet many screening instruments measure performance as if they do, and categorize children with delays in one or more areas as "deficient." Consequently, justifiable concern surrounds the notion that developmental lags identified through testing are symptomatic of handicapping conditions. All that might be reflected, in fact, is variable rates of development, cultural diversity, or lack of environmental or preschool experiences that promote the development of structured academic skills at an earlier age.

A third assumption is that "problem" behavior observed at age five, for example, is symptomatic and therefore likely to remain constant or intensify as the child grows older. However, standardized assessments do not account for the vicissitudes in a young child's life, which may include transition from the small and insular environment of the home or preschool to the large, impersonal, and potentially intimidating environment of the elementary school. Further, mandated screening must occur within six weeks of entry into school. For many children, the

adjustment or acculturation process may take as much as six months. Therefore this screening may evaluate nothing more than adjustment to school rather than potential learning problems, and the lag between administration of the test and reporting of scores may produce profiles of children that are no longer recognizable because of their acculturation to the school milieu.

There are aspects of both giftedness and potential difficulties that are not reflected in the majority of screening instruments; this is true of the ones used in New York City. Most notable are the divergent thinking skills that allow for creative expression, with the result that a particular child's artistic talents may be overlooked. Further, personality factors are only inferred from the screening process, yet never measured directly for the impact they have on school functioning. Nor is the child's environmental and socio-cultural context reflected anywhere in most assessments.

Moreover, most screening instruments are not concerned with process but, instead, assume a homogeneity of development, so that one child can be compared to another, rather than permitting an evaluation of each child's strengths and weaknesses. Quantifying children's accomplishments is not new. In the past ten years there has been a disturbing proliferation of assessment instruments used to label and track children. The justification for these tests lies in the belief that if intellectual abilities can be measured, then children with similar scores can be taught in a group, assuming they also have similar learning styles.

This increasing emphasis on assessment assumes that to be "normal" is to be like everyone else, and there is minimal toleration for difference.

The result is that a child becomes identified as "special" and marked for inclusion or exclusion from certain educational programs or opportunities according to statistical comparisons of one child's abilities to another's, without considering what each particular child's learning needs actually are and how they can best be served.

Rather than assessing achievement and "potential," screening might better serve to indicate, along with motor development, whether the prerequisite learning processes essential to the mastery of learning are present -- attention, frustration, tolerance, and cognitive flexibility. If it is possible to assess what factors interfere with effective learning, or what educational deficits each child has, then good early intervention programs could be established.

III. METHOD OF THE STUDY

A. Districts Studied

As originally conceived, this study would have involved nine community school districts in New York City, two from each borough plus District 31 which encompasses Staten Island. It was thought that this subset of the city's thirty-two school districts would mirror, in a representative way, the racial, ethnic, and economic diversity of the school population as a whole.

Upon further reflection, however, additional characteristics, such as size of the school population, referrals from regular to special education, second-grade reading and math scores, and class size for kindergarten and first grades seemed equally important for this study. When these elements were combined with the initial factors of race, ethnicity, and socio-economic status, a different subset of districts emerged.

The borough mix of districts was reconstructed based on the kindergarten through ninth-grade enrollments for 1981, the first year of screening. Of the total enrollment for that year, schools in Staten Island had 5%, Manhattan had 13%, Bronx had 20%, Queens had 23%, and Brooklyn had 36%. Thus, the borough division of the nine districts in the study was adjusted to include three districts from Brooklyn, three districts from Queens, two districts from the Bronx, and one district from Manhattan. To parallel the racial composition of the city school population, four of the nine districts would be predominately black, three would be hispanic, and two would be white.

Next, an analysis of the thirty-two districts for the years 1981-84 was done to determine the number of children referred to special education. For each year, the nine highest and nine lowest referring districts were identified. From this group, the nine highest and nine lowest referring districts that appeared most frequently over the four-year period were selected. This generated a list of eighteen districts from which the final nine were selected.

The following table characterizes the nine districts with regard to all the factors examined. The final districts chosen for the study were:

Manhattan -- District 1, hispanic, high-referring, small size.

Bronx ------ District 11, black, low-referring, large size; and
District 12, hispanic, high-referring, small size.

Queens ----- District 24, hispanic, low-referring, large size;
District 27, white, low-referring, large size; and
District 28, black, high referring, large size.

Brooklyn --- District 17, black, low-referring, large size;
District 18, black, high-referring, small size; and
District 22, white, low-referring, large size.

Of the districts selected, only one (District 27) did not participate in the study: the district screening administrator was about to leave and felt that there was no one else who would be able to fully answer the interview questions. District 30 was recommended as a replacement for District 27 because its ethnic and socio-economic characteristics were comparable. District 30 was contacted but the superintendent declined to participate in the study.

B. Instruments

Based on the statutory and regulatory requirements for the screening program, structured interviews were developed to elicit information about the implementation of the screening program in each district studied.

Questions were devised to ascertain the role of each person involved in the screening process and the degree to which implementation of the screening program in each district complied with and fulfilled the requirements of the New York City Plan for Screening, as well as state law and policy. In addition, the interviews were designed to collect personal perceptions and recommendations about the screening program.

Interview forms were formulated for the superintendent and/or district screening administrator, principals, classroom teachers, and a member of the school-based support team. Questions specific to the Early Childhood administrator and the Gifted and Talented coordinator were included in the questionnaire for the screening administrator, as they were often the same person. All categories of persons interviewed were asked the same appropriate list of questions in order to generate a uniform body of information that would allow comparisons among the districts. Interview questionnaires are attached in Appendix A.

C. Procedures

The study was conducted in two stages. First, the Chapter 53 project director visited with the director and assistant director of the Office of Student Health and Screening to discuss the project and describe the proposed data collection. Information was gathered concerning the overall management of the screening program and the systemic changes in the program as it evolved over the years. At the end of this interview, copies of the citywide screening plans were obtained and reviewed along with reports of the results of the screening program in the districts to be studied over the four years the program has been functioning. From this information the interview questions were developed. All

questionnaires were to be completed during the course of the interviews, although it was not always feasible to do this with classroom teachers because of their teaching schedules. Therefore questionnaires were left with them to complete and return to the Public Education Association (PEA).

After the questionnaires were prepared, volunteers and trustees of PEA were invited to participate in the screening project and twelve persons made a commitment to the project. A training session for the interviewers was held prior to the field visits, at which time the project director explained the Chapter 53 screening mandate, distributed background information on the screening program, and gave each interviewer the questionnaire forms. At this meeting, a psychologist with experience in the field of diagnostic testing led a discussion of the screening tests used in New York City's program and lectured about the assumptions underlying the screening concept. At the conclusion of this orientation session, the interviewers were divided into groups and assigned to the districts. Each group was asked to visit two schools within a particular district where different student populations and different administrative orientations prevailed.

IV. RESULTS OF THE STUDY

A. Description of the Screening Program, 1981-1985

The New York City Board of Education began screening all new entrants in the fall of 1981. The Office of Pupil Personnel Services--Student Screening was designated to develop policy for the screening program, to select the screening instruments, to create a uniform record-keeping system, and generally to implement the program throughout the city's thirty-two school districts.

The plan in 1981 required all community school district superintendents and high school superintendents to select a district screening coordinator who would serve as a liaison to the central screening office and manage the district's screening program, conduct its in-service training program, disseminate screening materials, and submit reports to the central office when the testing was completed.

The test selected for kindergarten was the Developmental Indicators for the Assessment of Learning (DIAL). For first grade, the Boehm Test of Basic Concepts was chosen for the cognitive assessment, and the DIAL was used for fine and gross motor development. In that first year, the developers of the DIAL test were hired to train the district screening coordinators to administer the instrument, and they, in turn, trained the classroom teachers within their districts.

School principals were given the responsibility for coordinating and supervising the screening program in their schools, developing the schedule for screening, and creating a staff development plan to train all school personnel involved in the screening program. Principals, also,

were made responsible for notifying parents of the screening procedures, the results of the tests, and their rights. They were also to submit reports of potentially gifted children to the superintendent and reports of potentially handicapped children to the school-based support teams (SBST).

Because the law requires screening of non-English speaking students in their native language, the central screening office made translations of the standardized test instruments in Spanish, Haitian-Creole, Italian, Greek, and Chinese. Children whose native language was not one of these were to be screened informally, and it was the principal's task to make arrangements for this. It was also the principal's task to arrange for the visual and auditory screening of children, required as part of the physical examination component of the screening battery.

In the first year, the classroom teacher was charged with the responsibility of identifying children who should be tested in a foreign language, administering the appropriate screening instruments [Appendix B] and completing the individual student screening records to be placed in each child's cumulative record card. In order to make it possible for classroom teachers to administer the screening tests, the central screening office funded one day of substitute coverage for each kindergarten and first-grade class screened.

When the screening program was in its second year (1982-83), significant changes were made in the operation of the program. To begin with, personnel who previously worked as screening coordinators were given the title of District Screening Administrator in recognition of their supervisory capacity and the extensive time commitments involved in

conducting a districtwide program of this magnitude; the thirty-two screening coordinators for the districts and the three screening coordinators for the high schools became screening administrators. Also, during the second year, the first-grade screening instrument was changed to the Brigance K-1, and for kindergartners, superintendents were given the option of selecting either the DIAL or the Brigance K-1 test. District screening administrators were also assigned the task of supervising and coordinating the health, hearing, and vision examinations, instead of the principal.

Believing that classroom teachers were less objective in interpreting their students' responses and that also, with so many different teachers scoring the tests, uniformity of interpretation was hard to achieve, a decision was made to abandon the use of classroom teachers in favor of screening teams, consisting of teachers and paraprofessionals who would go to all the schools in the district and conduct the screening assessments.* It was also felt that screening administrators would not encounter as many difficulties in training the teams to administer the assessment instruments as when trying to train all the classroom teachers.

A fourth change made by the central administration concerned the testing of non-English-speaking students in kindergarten and first grade. It was agreed that once the classroom teacher identified those

*Each district's screening administrator and teams are paid for by the Office of Student Screening.

who required testing in another language, the central administration would recruit foreign language consultants, that is, persons who could speak the language of the child, to assist the screening teams.

Since 1983, the citywide screening program has operated in the same way. The only major change that has occurred involves an alteration of the Brigance test. Because it was developed for a rural population in Illinois, the test contained several pictures of rural scenes that were largely unfamiliar to New York City's children, and urban scenes were substituted for the original rural ones. Also, since the Brigance did not take into account maturational lags of culturally different children, non-English-language dominance, and mixed language dominance, too many students scored below the cut-off, which then required their referral to special education. In 1983, the scores of students in six districts were aggregated and the test was renormed. A random sample of approximately 500 test papers became the basis upon which the test was renormed for New York City, and the result was an upward shift of one standard deviation. Students who would have scored "below average" tested within the "average" range; those who would have been "average" became "above average," and students who would have been considered "above average" fell into the "superior range."

B. Implementation of Chapter 53's Requirements

Responses to the various questionnaires of personnel (district screening administrators, principals, classroom teachers, and school-based support team members) in the eight districts participating in the study are discussed below. Information obtained from the interviews has been aggregated according to the mandate contained in Chapter 53, its

implementing regulations, and the State Education Department's technical assistance manual. It is a section by section analysis, according to the various statutory mandates.

1. Appropriately Trained and Qualified Personnel

The commissioner's regulations require that the mandated screening be performed by "persons who are appropriately trained or qualified."

Almost everyone interviewed agreed that the change from screening by classroom teachers to screening by teams introduced more control in the administration of the screening program throughout the school system, as well as more uniformity and less subjectivity. One interviewee recalled the time when every kindergarten and first-grade teacher was involved in screening, and referred to the task of training them all and hiring substitutes to cover their classes as a "nightmare." The only interviewee who preferred the former system admitted this was preferable only when the teachers were bilingual.

Screening administrators in each district selected their screening teams, and virtually every district chose retired teachers or teachers on leave, preferably those with a background in early childhood education and sensitivity to young children. No one reported difficulty in finding good personnel in sufficient quantity, though all characterized the search as exceedingly time-consuming.

When each of the screening instruments was introduced, the screening administrators, who had earlier received training from the test developers, trained their teams. In some districts, training lasted only a day, while in others a second half-day of training was used to do a "mock-assessment," where team members practiced screening each other.

Most districts required "refresher" training for team members who previously did screening. Administrators regarded scoring the tests as a "painstaking" task, and team members in many districts assisted them, Therefore, training included scoring procedures.

2. Screening in a Fair and Unbiased Manner

Under the commissioner's regulations, school districts must ensure that children are screened in a fair and unbiased manner. At a minimum, the regulations require the screening of children in their native language, if they are limited-English-proficient (LEP) or if the language of the home is other than English.

New York City's plan for screening assigns the task of ascertaining which students should be tested in a foreign language to classroom teachers. The State Education Department's technical assistance manual suggests that teachers make this determination by administering an "oral proficiency test." Without exception, no classroom teacher or district screening administrator ever heard of any such test, nor could they recall receiving any such instrument from the state. Most teachers and all screening administrators interviewed said candidly that these decisions are made on the basis of information contained on school registration cards, or on the results of the Language Assessment Battery (LAB), which is given to all limited-English-proficient students and those with hispanic surnames. Many teachers and screening administrators concede that the LAB is not always reliable; therefore, when a question arises with respect to a particular child, the teacher will base the decision on the child's in-class performance. If this is not possible, the teacher will make a referral to the district's bilingual coordinator for a final determination.

To screen those children found to require testing in their native language, the central office recruits foreign language consultants. People selected for this position are paid at an hourly rate in order to effect savings in the program, and the hourly rate excludes reimbursement for time spent in transit or trips made to schools to screen students who cancel or miss appointments. The work is erratic and the assignments unpredictable. People who accept these assignments do not know when, where, or how often they will be working, or even whether they will be paid for the trip to the school.

The only qualification for those who are recruited for these positions is that they must have at least a high school equivalency diploma. No other criterion regarding educational background or work experience is required, although the central office states a preference for individuals who work well with young children. Nearly all foreign language consultants were themselves born in a foreign country and are presumed to speak the language fluently by virtue of birthplace. No tests are administered to examine their language proficiency. They are given translated "scripts" of the assessment material, which are prepared by the central screening office. Their sole function is to translate the test questions for the child, and the child's responses for the evaluator.

Interviewees in every district visited expressed dissatisfaction with these foreign language consultants. Difficulties emerged over the inability to coordinate the reaching of consultants with the scheduling of tests, over the short length of time consultants are available (only in the beginning of the year), and over the lack of consultants who speak the myriad of foreign languages spoken in New York City or the many spoken

dialects within a single language group. Most districts dispensed with the foreign language consultants and preferred, instead, to recruit bilingual members for the screening teams for the major languages spoken within the district.

Although the central screening office maintains that the Brigance has been translated in thirty languages, and the DIAL exists in Spanish, Greek, Italian, Chinese, and Haitian-Creole, the district screening administrators reported that they do not have translated tests, scripts, or translators for the "exotic" languages. (A review of the professional literature on the Brigance and the DIAL revealed no discussion of the existence of any translated editions for these tests nor contained any critique of any translated versions [see References]). As a result, they must depend on parents, paraprofessionals, and school volunteers to serve as translators. Failing their availability, screening administrators simply defer testing until the child can be tested in English. Arguably this is a better course, since there is reason to believe literal translations of test questions from English to other languages place the children at a disadvantage, especially when young children tend to rely on idiomatic usage, rather than the more formal grammatical structure of their native language. Additionally, there are many phrases that cannot be translated. Thus a volunteer's familiarity with the language does not necessarily mean that the translations will capture the actual concept being tested. This disadvantage can only be obviated when the test instrument has been developed in the child's native language, which, most times, is not the case. All too often when "foreign language consultants" or untrained translators are used, they really may be translating what

they "think" the child said, rather than what the child actually said, and the resulting score might really be a score for the translator rather than a score for the child.

It is foolish to assume that good tests and good testing will be done for each language subgroup -- particularly for the "exotic" languages or the multiplicity of dialects. Therefore the strategies for identifying the needs of these children at an early point in time must rely on something other than a single test. The test-teach-test approach is a good model, as well as employing observational and behavioral assessment techniques while the child is in the classroom. However, these approaches require a commitment to train teachers for effective assessment.

Also, in order to assure that children are tested fairly, the testing environment must be comfortable and inviting. Children are typically tested in small groups but testing environments vary considerably, and the range is not optimal. Space limitation frequently forced screening teams to administer tests in auditoriums, cafeterias, guidance counselors' offices, gyms, libraries, classrooms, or "anywhere a desk or chair can be found." The available space was frequently not adequate for administering the gross motor skills tasks, which require extensive physical activity.

3. The Deadline

The commissioner's regulations require that the testing be completed by December 1 of the year of entry. In New York City, however, many children enter school at mid-year. Since funds for the screening teams last only for a six-to-eight-week period and are generally consumed in testing children at the beginning of the year, screening administrators have a shortage of r maining resources with which to screen the significant numbers of children who arrive late in the year.

Also since funding for screening teams is limited, districts with very large enrollments often have to supplement their allocation with other funds or personnel in order to complete the screening before December 1. In addition to the high number of new entrants after January 1, some children require rescreening after the teams have finished and left the district. The additional workload presents problems.

The majority of screening administrators and school personnel questioned the advisability of testing children so early in the school year, and wondered about the utility of the results of testing such young children at a time of such erratic intellectual and psychological development and before they have had a chance to become acclimated to school and its regimen. Whether the legislature had any special rationale for requiring the testing of all new entrants before December 1 of the school year is not known, but one state official remarked that December 1 may have become the mandate through a mistaken understanding of the concept "early screening" to mean early in the year rather than early in a child's academic career.

Most screening administrators believe testing later in the year would reveal more accurately the child's strengths and weaknesses, but they admit that the early testing does offer guidance for inexperienced teachers who lack training and skills for identifying educational difficulties in young children. While this may have been part of the legislature's reason for enacting a December 1 deadline, the purpose is bound to be inadequately served by the screening instruments, both of which are norm-referenced tests that measure performance against a national norm, rather than against one's immediate peers.

Moreover, it does seem, as the screening administrators maintain, that despite their early administration, the screening results are frequently received by classroom teachers too late to make use of information until the following school year. If, as contended, the screening results do not give an accurate picture of the child's true ability, either because of developmental lags or because the test's norms invite distortions, this may actually be fortunate.

4. The Health Component to Screening

Although the commissioner's regulations require a physical examination, including an evaluation of a child's hearing and vision, scoliosis testing, and physical development relative to his/her chronological age, as part of diagnostic screening, the current screening program does not fulfill all of these requirements.

In every district visited, it was found that test results,rightly so, were not released unless and until the eye and ear portions of the physical examinations were completed and the information recorded on the screening forms. But this causes considerable delays. Only in the three districts visited that have independently funded health aides and interns to conduct the hearing and vision tests were screening results not delayed, since screening administrators were able to arrange priority assessment of kindergartners and first-graders.

However, the majority of districts must rely on teachers, paras, parent volunteers, and the Department of Health to conduct the hearing and vision tests. When school personnel do them, invariably there are equipment shortages and/or improperly functioning equipment (principally the audiometers). When the Department of Health does them, districts do not have control over when kindergartners and first-graders will be tested.

These problems can produce enormous delays which, in the past, have forced the screening results to be reported without benefit of the hearing and vision tests, making them virtually meaningless.*

An even larger problem arises from the requirement to conduct the other parts of the physical examinations. Research has documented the relationship of undetected medical problems to children's educational performance,+ yet school-based physical examinations are non-existent, and unless parents obtain them from private doctors or health clinics, this part of the mandate is ignored in New York City. The schools offer little assistance beyond assuring that each child has received the necessary immunizations and making referrals to clinics for parents who do not know where to go.

5. The Screening Instruments

Although Chapter 53 merely requires school districts to assess each new entrant's language development, the commissioner's regulations direct school districts to include within the screening battery not only tests for receptive and expressive language development, but also tests for motor development, articulation skills and cognitive development.

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*In two of the five districts visited that do not have health interns, it was revealed that the 1984-85 school year was the first year since screening began that the records of all the children in kindergarten and first grade contained the hearing and vision evaluations.

+This was the basis for EPSDT, which started the ball rolling.

a. Kindergarten

Two tests were selected for kindergarten students in New York City--the Brigance K-1 Screen and the DIAL. Superintendents of each district have the option of selecting either one. Despite the feeling that the DIAL yields more comprehensive information than the Brigance, only three districts visited use it. The latter test is used more because it does not require the physical space to administer as the DIAL does, and it takes less time. Also, the DIAL package has a lot of equipment that must be carried from site to site, whereas the Brigance requires nothing more than a single book containing the test questions.

The DIAL, designed to identify children's general developmental level, is a 28-item, multidimensional assessment in four skill areas: gross motor, fine motor, concepts, and communication. It is administered by a team of paraprofessionals and professionals at four separate stations or work areas around a large room, making it possible to screen four children simultaneously. Each area is set up to assess one of the four skill areas and is equipped with the appropriate equipment, such as bean bag toss for gross motor coordination, and scissors and paper for fine motor coordination. There are seven tasks for questions associated with each skill that vary in length and difficulty.

Given the structure of the test, then, it is easy to spot problem areas. In a relatively short period of time, a young child is required to shift from task to task and move around a room, meeting four potentially new adults for whom he/she must perform. The requirement of moving from station to station and from examiner to examiner may prove to be disruptive and unsettling for some children. Or, the distractability

which might be observed may be due to the assessment and the temperament of the various examiners, rather than the child. On the other hand, the benefit of novelty may enhance other children's performance.

Moreover, all descriptions of the DIAL test indicate that its purpose is to screen for delay rather than giftedness, and there is, to the best of knowledge, no research to support the use of the DIAL as a screening device for gifted children. Based upon the test construction, it appears than many of the items are "too easy" to effectively discriminate gifted and talented children. The ceiling on the test is clearly too low not only for brighter achieving children, for whom the more difficult tasks may be too simple, it is too low for the many "enriched" but average children as well. Since many of the test items are skewed to the easier tasks, far too many children score in the "gifted" range when, in fact, it is the test that makes them appear "superior." For the children with more subtle difficulties, or those with emotional but not academic difficulties, the test also displays little sensitivity, since behavioral indicators are not part of the diagnostic package. For these reasons, its application as a tool for identifying possibly gifted or handicapped children is questionable.

b. First Grade

For students in first grade, New York City requires that all districts use the Brigance K-1 screen, and its special version was renormed for New York City's urban population.* The Brigance K-1 screen

*Everyone interviewed expressed concern that the renormed version produces far too many children in the "possibly gifted" range and far too few children in the "possibly handicapped" range.

is a criterion-referenced, individually administered instrument adapted from the Brigance Inventory of Basic Skills and Diagnostic Inventory of Early Development. In the eighteen areas of the original assessment battery, the K-1 screen measures a child's abilities in recalling personal data, recognizing colors, identifying objects in pictures, use of expressive language, visual motor tasks, visual discrimination of symbols, gross motor tasks, identification of body parts, and numerical comprehension. For the first-grade level, the test also includes reading readiness measures, such as letter and auditory discrimination and alphabet recitation.

The Brigance underrepresents measurement of language development in relation to the other areas, although evaluation of that area is mentioned clearly in the screening mandates. While a wide range of abilities are tapped, there is an overrepresentation of those that rely either on rote memory or on environmental exposure. Consequently, rather than evaluating problem-solving skills, conceptual development, and language skills, it assesses achievement acquired through training. The child who has not been well trained or environmentally stimulated is in danger of being diagnosed as potentially handicapped.

One district spoke of both test instruments with disdain. In another district, several people expressed the belief that these tests are no better at categorizing children than those developed by teachers before the testing industry invaded the province of early childhood education. The overall view, however, is that both test instruments more or less assess the skill areas mandated by the Commissioner's regulations, though no one was comfortal le relying on the screening results alone.

Both the DIAL and the Brigance have their flaws as screening instruments. Yet they do not represent the worst of the available screening devices. In the final anaylsis any assessment instrument is as good or bad as those who administer it and the use to which the results are put.

6. Written Reports of the Screening Results and Referrals

a. Written Reports

The commissioner's regulations for the Chapter 53 screening program require school districts to prepare written reports of the screening results and make referrals of children who are possibly gifted or handicapped. The State Education Department interprets the report simply to require school districts to provide a tally of the number of children screened and the aggregate dollar amount expended upon the screening program [Appendix C].

To its credit, the Office of Screening at the New York City Board of Education has developed a more detailed reporting system for the districts. For reporting purposes, the central screening office establishes the cut-off scores for four categories: (a) nothing further required, (b) request SBST assistance, (c) further observation needed, and (d) referral to superintendent. The report requires data on the number of children screened and the outcome of the screening (according to the four categories), as well as the number of children screened in a language other than English, a tally of the number of children tested by each language, and data regarding the outcome of the testing for LEP children [Appendix D].

b. Referrals

However, there does not appear to be a requirement that districts provide follow-up information on the children who are referred for placement in special education or gifted classes. Thus, there is no routine collection of data on the extent to which early screening and intervention are effective in preventing failure by children at risk or in creating a rigorous educational challenge for potentially gifted children. Nor does the Board of Education appear to require that districts tally the screening results according to the ethnicity of the children tested. Such data would indicate whether there were any patterns warranting further study. One district does this of its own volition but has not kept the data long enough to ascertain any ethnic representations in the results, or to see whether referrals of particular groups are obviated by early intervention.

Every person interviewed for this study disagreed with referring children, either as "possibly gifted" or as "possibly handicapped," on the basis of a gross screen, even though this is what the statutory mandate literally requires.

Irrespective of cut-off scores, the districts expressed a firm conviction that kindergarten and first-grade children should not be referred to the Committee on the Handicapped (or SBST) at such early ages unless there is unanimity of opinion among the screening staff, the classroom teacher, and the principal as to the likelihood of a problem, For this reason, all eight districts interviewed reported that the cases of children suspected of having a handicapping condition are discussed with the teachers and will be referred to the SBST only when the teacher agrees that such a referral is justified.

All eight districts also reported that most referrals will be deferred until the child is reevaluated later in the school year in order to be absolutely certain of the need for a referral. Seven districts rescreen the children for whom a referral is likely to be made, and one district said that even though it lacks resources to conduct a second screening, it does do an informal review of the children to be referred. Sensitivity to young children's needs was expressed among all screening personnel and principals interviewed. They indicated that a child's score may be dependent upon the unfamiliarity of the school environment, his/her level of maturity, and the enrichment of the child's early years, e.g., whether the child's first years were spent in nursery school, day care, or at home. One district said that unless a child displays obvious behavior problems (which can be detected without screening), no child will be referred from kindergarten or first grade, because the screening occurs too early in the school year for a child to become adjusted and at ease with new adults, a room full of new classmates, and the classroom routine.

There is not the same uniformity of practice signifying good clinical and educational judgment regarding children thought to be gifted, although it is widely recognized that the "adjustment" of the norms for the Brigance produces far more children scoring in the "gifted" range than actually are. Because all districts require supplemental testing to qualify for the "gifted" programs, there are a few districts that will not refer children identified as "possibly gifted" based on their scores on the screening tests unless the screening administrator and classroom teacher conclude that the child is likely to achieve an intelligence quotient high enough for admission. This is done in order to minimize

disappointment for the children and avoid creating unrealistic parental expectations. Conversely, to refer children as "gifted" on the basis of their score, as some districts do, may prove damaging.

Since the proponents of early screening were unsuccessful in enacting a mandate until five years after New York had created a formal mechanism for evaluating children who teachers suspected might have a handicapping condition, it seems clear that the "child find" mission of the screening program had already been achieved. Without this legislation, however, there would have been no mandate covering the additional requirement to identify children who are possibly gifted. In light of the extensive referral and evaluation process for possibly handicapped children, it seems that the screening mandate, at least with regard to these children, is unnecessary. In light of the large number of children erroneously identified as "gifted" it seems the mandate to screen for giftedness, at least as applied throughout New York City, has failed to achieve this purpose.

7. Parental Notification and Confidentiality of Records

Parents have the right to be notified in advance that screening will take place, and when the results are available, parents are entitled to know how their child performed and what, if any, recommendation for Furthur testing as possibly gifted or possibly handicapped is indicated. As part of New York City's Plan for Screening, the central screening office claims to have sample notices available in thirty-six foreign languages, from Albanian to Yugoslavian, to inform parents of the upcoming screening. However, the districts visited have only received sample notices in

English and Spanish, which they retype on the school letterhead [Appendix E]. All districts visited use the sample notice, although in some instances the content has been modified. One district eliminated the first sentence welcoming the parents to the school, while another district embellished upon the district's availability to discuss questions and concerns parents might have.

Many districts give the notice directly to parents when they bring their children to school, to avoid the uncertainties of the mails. One district sends the letter home with children and adds a "tear-off" to be signed by the parents and returned to the school. Another district distributes notices to parents on "open school" night; therefore those not attending presumably do not receive them. Since the notice is only in English or Spanish, those districts where many languages are spoken rely on relatives or volunteers at the school to translate the notices for parents and guardians. Other districts faced with the same problem simply use the English language notices, as there are too many foreign languages spoken (twenty-seven in one districts and forty in another) to make translation feasible.

Many principals explain the screening program to parents at open school nights, parent advisory council meetings, and PTA meetings, and all screening administrators stated that they have spoken to groups of parents on such occasions.

If the district screening administrator wishes to distribute other informational material about the program to parents, he/she must create it, as the central screening office does not provide anything beyond the bilingual letters. Six of the eight districts visited have prepared

handbooks or brochures to distribute to parents which describe the screening program and what it means. One district plans to develop a handbook. Two or three districts visited also have developed supplementary material to enable parents to work with children on the areas of strength and weakness identified by the tests.

The central screening office has developed a form, the SS07, to report the results of the screening to parents. Once again, although the central screening office claims to have multilingual forms available, the district screening coordinators have only the English and Spanish SS07's; therefore in those districts where other languages are prevalent, parents are informed of the screening results in the same way they are provided the initial notification [Appendix F]. All districts visited use the standard form for reporting and, in general, all districts mail it. In at least two districts, the screening administrator attends a PTA meeting or an open school night to discuss the results of the screening with parents who attend. In other districts, parents who have questions about the results are referred to school guidance counselors, assistant principals, and district screening administrators for assistance. Most screening personnel expressed a belief that children would benefit more from the screening program if parents were aware of its importance and were instructed on how to work with their children at home to build upon their skills. Amazingly enough, given the scope of the screening instrument and the quantity of information it provides, the SS07 minimizes the importance of the screening results by communicating almost nothing to parents about their child's performance. And what the SS07 does tell them is meaningless to gain parents' active participation in their child's education.

Neither the letter introducing the screening program nor the letter announcing its results informs parents about their rights regarding access to and privacy of their child's screening records. The suggested introductory letter prepared by the central screening office merely contains a sentence stating that a copy of the report (SS07) will be placed in the child's school record. During the interviews, many principals stated that these rights were explained to parents at open school meetings. However, no written notice was offered by any of the eight districts.

V. FOLLOW UP: THE BOTTOM LINE

In general, the interviewers were struck by the sensitivity and awareness of the screening administrators in the eight districts visited, particularly regarding the weaknesses of the screening process and the inadequacy of follow-up options. They are to be commended for their struggle to give the screening program value and meaning, and for their commitment to provide effective educational services for all children, given the financial limitations and philosophical differences among school leaders and school board members.

A. Implications of the Screening Mandate

It is clear that the implications of Chapter 53's screening mandate are broader than the administration of a simple assessment of health, language, articulation, cognitive and motor skills, for early identification has little point if it is not possible to pursue, in a meaningful way, the educational needs that the assessment is designed to reveal. It is not surprising, then, that interviewees in all eight districts expressed concern over the lack of funds to create appropriate programs.

The early screening mandate is indeed pointless if it cannot be followed up either with gifted and remedial education programs or more responsive teaching in the regular classroom. For the specialized program, extensive financial commitments are needed. For the more routine intervention, teachers need curriculum materials and in-service training. Rarely does significant intervention take place with a large student/teacher ratio, so even here, there must be money to pay for remedial personnel (aides, paras, teacher trainers) to supplement the classroom teacher.

Finally, many of the school personnel interviewed pointed to the importance of training elementary school principals who spent the major portion of their careers in junior high schools to understand the importance of early childhood programs and to see the value of spending money on programs addressed to the very young. In so doing, these principals may become more receptive to early childhood educational programs and less likely to reserve surplus funds for programs oriented toward the older students in the school. In addition, the principal untrained in early childhood issues will be a poor advocate, ill equipped to convince equally skeptical PTA's and community school boards that additional funds are needed and wisely spent on early intervention.

Scarce resources and rejected appropriations notwithstanding, some districts have succeeded in creating follow-up programs to address the needs identified through the screening program and they have done so with innovative combinations of small monetary allocations given for other special purposes. The following list describes these programs.

D. 18 - ASTOR is a districtwide program for gifted kids that admits children based on a score of 130+ on the Stanford-Binet intelligence test. The district also operates ALERT, a special honors program for the "workers," though not necessarily gifted. The program exists in several but not all schools in the districts. Admission to the program is based on informal assessment and teacher recommendation, but the children do not have to score "above average" on the Chapter 53 screen to get into ALERT.

D. 12 - Kindling Interest through Drama and Self-expression (KIDS) program began during the 1983-84 school year and exists in five schools in the district.

D. 11 - PEG (Prevention in Early Grades) program focuses primarily on children in first grade who are "at risk." Paraprofessionals are assigned to work with children individually and also within the classroom in groups of three or four children. The program has three teacher trainers who supervise seventeen paraprofessionals in their daily work on-site at the schools and in weekly conferences.

D. 24 - TAPS (Teacher of Alternative Programs to Special Education) program is a pre-referral program for children who would otherwise be referred to special education. The TAPS teacher travels to several schools, working with small groups of students in a pull-out program

D. 17 - SEARCH/TEACH program has been in existence since the late 1970's for children with perceptual problems. Children in the program receive three hours of remedial instruction a day in a pull-out program. The program has a $200,000 budget and operates districtwide.

Although there are some attempts to serve the children at risk, all districts reported a limited ability to serve the children who fall into the category "further observation needed." Even though the paramount concern of the existing prevention programs is to obviate later referrals to special education, those children who score in that range on the screening test are less likely to be referred to special education,

notwithstanding their eligibility for these programs had the tests not been renormed; thus children with artificially inflated scores, who might have been considered "at risk" before the renorming, are now among the last to be considered for early intervention/prevention programs, pointing up again the inadequacy of the testing instruments.

One district admitted frankly to having no program that would address the needs identified by the screening except a manual for teachers containing follow-up activities. In districts that have no spare funds for intervention programs, children must wait until second grade when PSEN remediation classes or special education resource rooms are available. Even then, school personnel quickly add, the children must be two years below grade level in order to become eligible for these special services. Any value of having identified needy children at kindergarten or first-grade age is lost.

Programs for young gifted and talented children (historically unavailable before fourth grade) are slower to come into being because community pressures and priorities compel a district to spend the limited funds it has available for special needs on programs for those at risk of failure. Yet many districts credit the Chapter 53 screening program with providing the incentive for establishing gifted classes in the earlier grades. One district now reports a gifted class in each elementary grade.

B. Parental Involvement

Based on the interviews with both screening administrators and school personnel, parental involvement in the screening program is minimal. This is unfortunate because they can be helpful in working with their children at home. Many districts have developed wonderful materials for parents

that describe activities they can do with their young children, yet these tools are largely unused since parental participation is so limited.

School personnel tend to attribute this to apathy on the part of parents, but this study reveals district practices that clearly contribute to reduced parental participation in the program. First, there is the lack of interaction and communication with parents about the program, its purpose, and the people at the school or in the district whom they can contact for more information. Second, while the multiplicity of languages spoken by parents contributes to the problem, more extensive efforts than are currently made could be undertaken to contact and inform parents about early childhood screening programs.

VI. CONCLUSIONS AND RECOMMENDATIONS

The value of the Chapter 53 screening program is in grave doubt. On the one hand, it is perceived as positive by practitioners who view the screening as a double check for observations made by experienced teachers and a resource for inexperienced teachers who may not pick up problems so readily. As currently handled by district screening teams, it has provided this support without burdening classroom teachers and introduced some uniformity into the assessments. Also on the plus side, it has confirmed the need for special training and licensing of teachers who are involved in early childhood education; it has increased awareness of the needs of gifted children, heretofore not a concern until the fourth grade; and it has demonstrated, especially to inexperienced teachers, that young children who are not ready for pencil, paper, and workbook exercises may merely lack prerequisite skills due to developmental differences or lack of exposure to creative play and expression.

Yet, despite these positive effects, the screening program's ultimate utility and impact on the educational process are highly questionable by the testimony of these very same practitioners who praise it.

First, it is based on a faulty assumption. It is not possible to ascertain the propensity toward giftedness or a handicapping condition, or future academic performance, or symptomatic problem behavior from a single, quickly administered test given to five-and six-year-olds.

Second, the program is not really needed to identify handicapped children, and is, at best, duplicative of the legally required mechanism for referring these children to special education.

Third, it is a misguided technique for identifying gifted children.

Fourth, although the test-taking occurs early in the school year, the second component of the screening -- vision and hearing examinations -- often occurs much later, causing, in the majority of cases, screening results to become available too late in the school year to be of any value for that year and outdated for use in the following year.

Fifth, the tests themselves are most reliable at the extremes, identifying the very good and the very bad. In reality, teachers do not need screening to do that.

Fundamentally, what is important in an early identification program for children at risk is knowing something about a child's readiness and ability to master future knowledge, and the degree to which he/she has met developmental expectations, as opposed to ascertaining what knowledge he/she has already acquired.

There are limitations to any early screening program, and neither test employed in New York City is bad psychometrically and even conceptually, although the DIAL's administration and structure is more problematic. However, there are approaches and instruments that might be more effective than those presently used to predict not only giftedness or the presence of a handicapping condition, but whether a child is at risk of school failure.

Finally, lack of resources prevents many districts from offering follow-up programs designed to address the needs identified through screening, so that whatever value the testing may have had is lost. Under these circumstances the screening program, at best, becomes a ranking device to identify the order in which the many needy children will be admitted to the too few remedial classes that do exist in a district.

These considerations suggest that the screening procedure may be nothing more than a comfort for staffs starved for help and support. Too cheap to be effective, it persists because it is inexpensive enough to escape the axe, though surely not because it is cost effective. One could hardly say that this modest form of teacher education or support offers any continuity or carry-over.

For these reasons it would be an outrage if, as has been suggested, the State Education Department discontinue appropriations for the screening program while leaving the mandate intact. For the same reasons, were the screening legislation to become voluntary rather than mandatory, it would be irresponsible to recommend that the city continue to conduct the program as it is now done.

What, then, should be recommended to policy makers? At a time when teaching conditions are discerned as the single most important bar to recruitment and retention of qualified personnel and, ultimately therefore, to successful education, policy makers should be loathe to eliminate an appreciated resource, without at least substituting a better one. A preferable approach would be to modify the program to make it more useful and cost-effective.

A first consideration would be to assure that the health component, particularly the vision and hearing evaluation, be done first. Given the need to address a child's vision and hearing deficits as soon as possible, the evaluations should be done within the first two weeks of school.

Secondly, a more prescriptive screening process should be integrated fully with education planning and program implementation for all kindergarten and first-grade children. The dual purpose would be to

assure that findings are utilized by teachers and to encourage experimentation with regular classroom program modifications that might solve a child's learning problem before he/she is designated either for special education or for special "follow-up" programs that may be in too short supply.

There are a number of possible ways to achieve this integration of program and diagnosis, some of which might combine funds from different sources in order to make better use of each. One approach is suggested by recent recommendations of the Mayor's Commission on Special Education that teacher assistance teams (TATs) be established to anticipate and, it is hoped, decrease special education referrals by helping regular staff with program accommodations. If such teams served as the screening teams for Chapter 53, the Chapter 53 funds and other TAT funds could be pooled to provide both the screening and assistance to teachers in utilizing the results. The teams, possibly three people each, could divide up a classroom with each team taking approximately ten children and administer a simple gross screen through group and individual meetings to evaluate each child's cognitive, language, articulation, and motor development. This, together with systematic on-site observation, could produce a more meaningful, classroom-based assessment of kindergartners and first-graders in the same, if not less, time consumed by the screening methods now in practice.

Those children who were felt to be at risk for whatever reason -- be it developmental differences, cultural deprivation, or actual learning disability -- could be helped immediately by having a program fashioned for them that would address their needs. Such a program would allow

ongoing monitoring -- something that is sorely lacking in the current program -- by providing the classroom teachers with a prescribed checklist that they would use at periodic intervals to measure the child's progress or lack of it. Then those children who are palpably handicapped would be referred for further evaluation, in the same manner as is presently done. By the same token, potentially gifted children could have programs designed for them to meet their special needs.

Another alternative -- also prescriptive in character, ongoing, and based in the classroom -- would be to have the early childhood experts in the districts train the classroom teachers to make the initial evaluation and help them to develop special programs for at-risk and superior children. Rather than employing a single instrument at a single point in time, the teach-test-teach approach could be used to maintain an updated awareness of a child's capacities and the activities that will respond to special needs. This evaluative approach would overcome the early confusion encountered when the classroom teachers were given the responsibility of administering the prescribed test instrument. The money now allocated for screening could then be utilized to hire TATs to aid the classroom teacher in carrying out the special program. To reduce costs, districts could draw on supervised volunteers to help with the program.

Also, this kind of involvement would arm teachers with more insight about all their students so that they would get more mileage in working with at-risk youngsters through programs such as Prevention in the Early Grades (PEG) observed in District 11, which uses paraprofessionals who work with at-risk first-graders individually and in the classroom with groups of three or four.

Whether they envisioned the teachers as screeners or continued to vest this function in teams, programs of this character would involve classroom teachers in sharpening their skills for working with youngsters who have special gifts or special learning problems. The outcome would fulfill not only the letter of Chapter 53 but the spirit as well. For it cannot be stressed enough -- what good is information collected for the purpose of early intervention if the testing instruments are inappropriate, if the information is received too late to be of any value, or if not enough is done with the data to ensure positive results?

Before the Chapter 53 process is expanded or scrapped, all alternatives should be explored. Even a few million is too much to spend without greater returns than we have discerned in the survey of the current screening program.

CHAPTER 53 EARLY SCREENING FOR HANDICAPPED OR GIFTED Is It Working?

A Report of the Public Education Association
Prepared with Funding from
New York Community Trust

by

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APPENDIX A

INTERVIEW FORMS

District # _____ Date of Interview _____
Person(s) Interviewed _____
PEA's Visitor's Name _____

DISTRICT SCREENING ADMINISTRATOR

1. Do you have a copy of the citywide screening plan? Are there any variations in the way the screening program is administered in your district that differs from the plan, e.g. parent rights; test(s) used; manner of administration; passing scores, etc.

2. Parents have a right to be notified that their child will be screened. How do you notify parents in this district--orally or in writing? Does the notice come from the school or the district; is it given out a parent meetings? Is one more effective than the other? Do you have a handbook to give parents which describes the screening program? Do parents have an opportunity to attend an informational meeting at the school or district and is its purpose explained to them? What about non-English-speaking parents? Are bilingual materials available to you? For all languages or only some?

3. The citywide plan for screening requires teachers to submit a class roster identifying the children to be screened. It is also the teacher's job to ascertain those children whose dominant language is not English. How is this decision made? Do teachers obtain preliminary information from parents to help them in making this decision? Is a registration form used? If so, what information is asked?

4. The State Education Department's official publication on the Chapter 53 screening program suggests that the classroom teacher should ascertain which children will require testing in another language by giving an 'oral efficiency' test that will indicate in which language the child should be tested. Do the teachers in this district do this? What does this test consist of?

BEST COPY AVAILABLE

5. Referring to the data submitted by this district on the number of children assessed in languages other than English, does this represent all the children in need of bilingual assessments? Are there any children you cannot screen in their native languages and, if so, is this only due to the exotic nature of the language or is it the result of a shortage of personnel?

6. Do you have other difficulties fulfilling the mandate to test children in their dominant language which are not related to personnel? In the past, did you fulfill this requirement, and if so, how? If not, are you better able to do so now?

7. The Office of Student Health and Screening recruits foreign language consultants to assist districts in complying with the state mandate for testing of non-English-dominant children. Has this made it easier to test children who are not native English speakers? Why? Are these people able to fulfill this function satisfactorily? The Office of Student Health & Screening supplies the consultants with "scripts" for the tests. Is this a useful way to test non-English-speaking children and how well trained are these consultants, in your opinion, to translate the questions on the test and the child's responses?

8. In carrying out screening of non-English-speaking children do you use the same tests or do you use a test written and normed on children of other languages and cultures? Instead of using the foreign language consultants, have you tried used screening personnel who are able to speak the child's language? Is or would this be a preferable way to conduct the screening? Have you ever asked the child's parents to participate as a translator instead of the foreign language consultants? Is this better or worse than translators?

9. The state law and regulations require screening to be conducted by "appropriately trained and qualified personnel." Since 1983, screening teams have been used to adminster the tests for kindergarten and first grade classes. How much training is provided for the test givers and what does it involve? Who trains the test givers? How long does the training take? In the case of non-English-speaking children, if the test-givers are not

bilingual, are they trained to work with translators? How is this done and is the training adequate to assure accurate results?

10. The citywide plan for screening gives responsibility to the district's screening administrator to secure personnel for the screening teams? What people comprise these teams and what are the criteria for choosing them? Is it difficult to fill these positions? Is your allocation sufficient to staff enough teams in order to get the job done?

11. When the screening program first began, substitute teachers and paras relieved the classroom teacher to administer the screening. Do you prefer the use of screening teams to classroom teachers and, if so, why? Which was better for testing non-English-speaking children?

12. The citywide plan for screening states that for the kindergarten and first grades, children will be screened in small groups? How many children do the teams test at once? Under what circumstances would the size of the group vary? Do the team members have discretion to decide to test one or more children individually? Are non-English-speaking children tested individually or in small groups?

13. Where is the screening done: in the classroom with familiar personnel; in a separate room in the school? What is the atmosphere of the screening room and what is done to create a non-stressful atmosphere for the screening? How long does the screening take? Is it too long for the children?

14. State law requires the screening be completed before December 1 each year. When is the screening done in your district? How much time is allocated for the screening process? Do you have any reaction, positive or negative, about the timing of

the screening? Do you think screening would produce more useful or accurate information if done earlier in the year? or later in the year?

15. The citywide plan for screening permits districts to flag individual children whom they consider, based on their scores on the screening, as children "in need of further observation." If a child is placed in this category what, if any, impact will it have on the child's programming during the year? Do you believe these children should be screened a second time during the year, particularly if they are in the first grade when the initial screening is done? Have you followed any of the children "flagged" as needing further observation and were they eventually referred to special education? If so, was this the result of a shortage of other intervention programs or a serious learning handicapping condition?

16. State law requires the screening include a examination of the student's physical development which, according to the citywide plan for screening, involves a physical examination and a review of the student's immunization record, plus tests of hearing and vision. It is the duty of the screening administrator to see that these elements of the program are carried out? What difficulties, if any, are there in getting this part of the screening completed? Do all children in kindergarten and first grade receive these assessments? Are they completed before a decision is made to refer a child based on the results of their screening test?

17. If the hearing and vision testing is done by the Department of Health, are these children made a priority in their schedule? If Department of Health services are not available, who conducts the vision and hearing tests? What percentage of the children (K & 1st grade) screened this year have health results on the screening report?

18. The screening program is intended to test receptive and expressive language, motor development, articulation, and cogni-

tive development. For kindergarten, districts are permitted to choose either the Brigance K-1 screen or the DIAL test. Which are you using in this district and why did you choose it? Have you tried both?

(a) Are you satisfied with the test instruments suggested for use with these populations? Do you or would you use a different test? Which is the instrument, in your opinion, and for what reasons? Do you think either test adequately measures all of these areas? Would you prefer a different test, or several tests, or no tests at all? Which is better suited to testing non-English-speaking children?

(b) Do you permit the teams to adapt questions for children who are having difficulty understanding the test or giving a response? If so, do you believe this significantly affects the results of the test in any way?

19. State law and regulations require written reports of the screening results. Who is responsible for preparing the report for each child? If the child's teacher is not giving the test, is the teacher involved in the interpretation of the results or the writing of the report?

(a) Do you use the standard form for reporting the screening results? (SS07) There is no room on the SS07 to include observations of the child's behavior and reaction to the testing procedure, or the test giver's impressions of the significance or accuracy of "suspect" responses. Is it a practice in your district to report personal observations and if so, how and where is this done?

20. Although school districts are not required to secure parental consent prior to the testing, parents are entitled to know the results of the screening. Do you provide parents with a copy of the SSO7 form, or just the parent's copy? (copy 4) How are non-English-speaking parents informed? Do you have bilingual notices in all languages for this purpose?

(a) How do parents respond to the results of the screening? Do they tend to form unrealistic expectations about their children based on the results--particularly if they show the child may be handicapped? or may be gifted? Do you use any particular strategies or employ special techniques when the results are presented to minimize such a result? What?

21. If the SSO7 (copy 4) is the only thing parents receive, this does not tell them the actual results of the basic screening assessments. Therefore, do you notify them of their right to come to the school and see the full report? How? If asked, will you permit parents to see the protocols where the child's responses are recorded? Why or why not?

22. In your experience, how involved are parents in the screening process and how frequently do they exercise their right to see the results and request to meet with the teacher? Since the teachers no longer conduct the screening, how well prepared are they to answer questions from the parents regarding their child's performance? If the child is non-English-speaking and a translator was used, can the teacher really inform the parents of what the child's true responses were? Can the parent arrange to meet with the translator too?

23. Do screening results become a part of the child's permanent school record? What information is recorded on the cummulative record? Where are the written reports kept and for how long? The State Education Department has a policy that parents are to be informed of the school's policy on confidentiality of school records, their right to privacy, and their

right of access prior to the screening. Do you do this in your district and how are parents informed?

24. The purpose of the screening program is to find children who may be gifted and those may possess a handicapping condition. What cut-off score do you use on the screening results to determine whether a child should be referred as gifted? in need of special education? In prior years were the cut-off scores the same? What and who determines whether they will be changed? Do you have a cap on the number of children referred to the SBST/COH as a result of the screening scores?

(a) Do you use criteria other than the screening scores to decide whether to make a referral to the COH in the case of handicapped children or to the superintendent in the case of gifted children and if so, what?

(b) In the case of non-English-speaking children, do you permit a wider latitude in the cut-off scores because of the vagaries of test results that have been obtained with the use of translators? How much leeway to you allow?

25. Of the children who were screened and reported to the superintendent as possibly gifted what, if anything, happened to those children? Did they go to new classes, remain where they were with special programs, nothing, etc.?

26. Of the children referred for special education evaluations over the past four years, as a result of the screening scores, do these children tend to fall in certain common categories? Have you attempted to follow these children, and if so, what types of programs were they placed in and how long did they remain in special education classes? Do they tend to return to

regular grades or are they generally in need of long-term special education services?

27. To what extent did the results of the screening vary among children of different ethnicities? Does your district collect information on the screening results by ethnicity? If so, what patterns have you been able to detect? Do you think screening of kindergarten and first graders results in overreferral of children with little or no preschool experience or school readiness skills? In recent years, the Central Board has permitted children to be categorized as needing "further observation." Do you believe this has enabled the district to avoid premature referrals of certain children?

28. What impact did the results of the screening have on the organization of K & 1 programs in your district? in the first year? in the second year? in the third year? and this year?

29. Since Chapter 53 screening began, have you initiated post-screening staff development programs in your district and if so, when did they begin? what is their focus? and do you perceive they helped? In what ways?

30. What programs are provided in your district to follow-up the results of the screening program for children whose scores are at the "margins" and considered at risk? When did they begin? Do you have more than one program and if so, how are they different? What, if any, training is provided to teachers in your district to help them individualize instruction and improve the skills of children at the margins?

31. In order to carry out the screening program do you expend sums beyond that allocated to your district by Central for the screening program? If so, what for and why? Would you continue to do the screening if the state no longer allocated funds for the screening program and required the districts to bear the costs of the program?

USE THIS SPACE FOR ANY ADDITIONAL COMMENTS THAT DO NOT FIT ELSEWHERE:

District # _____ Date of Interview _____
Person(s) Interviewed: _____
PEA's Visitor's Name: _____

PRINCIPAL INTERVIEW

1. The citywide plan for screening gives you the responsibility of notifying parents of the screening procedures and their rights to confidentiality. How do you do this in your school (form letter, open school night meeting, etc.)? Do you use bilingual materials? What languages are availble to you? How many parents have objected to the screening and have any parents refused to permit their child to be tested? If so, what was your response?

2. In addition to general administrative duties to see the screening program is carried out, the citywide plan for screening gives you the task of reviewing the screening results for students who are possibly gifted, possibly handicapped or at risk. What is the nature of your review? Have you ever "overruled" the results of the screening tests for a particular child (either thought to be in need of referral as gifted or handicaped) and upon what grounds?

3. How are parents notified of the results of the screening? What about non-English-speaking parents? Have any parents protested the inclusion of the screening results in their child's permanent record? If so, what was your response?

4. Once notified of the results of the screening, how many parents ask to come to the school and go over their child's

responses? If asked, will you permit parents to see the protocols where the child's responses are recorded? Why or why not?

5. If the teacher did not screen the child and score the test, how effectively can your staff respond to questions from the parents? Do you refer parents, in this instance, to the screening administrator for the district and to your knowledge do parents ever get to meet with the actual person who conducted the testing?

6. Is the classroom teacher able to fully respond to a parent's questions regarding the screening results for a non-English-speaking child? If translators were used, how can you assure parents of the reliability of the child's scores, and how can the parent be assured that a referral, based on the score, is warranted under these circumstances? Have you helped arrange meetings for parents to talk with the translators who tested the child? Is it possible to do this easily or are there obstacles, for example, paying the person to come back to the school for such a meeting?

7. The screening program is designed to test receptive and expressive language, motor development, articulation and cognitive development. Do you believe the test instruments used in the screening program, particularly at kindergarten and first grade levels, adequately measures these items? In what ways, if any, are they deficient; and in what ways, if any, are they particularly suitable? Would you prefer a different test for either grade, or several tests, or no tests at all?

8. State law requires the screening include an examination of the student's physical development which, according to the city-wide plan for screening, involves a physical examination and a review of the student's immunization record, plus tests of hearing and vision. Are these assessments most often done by the Department of Health. What difficulties, if any, are there in getting this part of the screening completed?

9. Do all children in kindergarten and first grade receive these assessments and, if so, are they screened for health, hearing and vision before the testing is conducted? If this is not possible, are the health, hearing and vision screenings completed before any decision is made to refer a child based on the results of the screening test?

10. Are kindergarteners and first graders made a priority by the Department of Health teams? If the Department of Health cannot test all the children, who conducts the vision and hearing tests? What percentage of the children in your kindergarten and first grade classes screened this year have health results on their screening report?

11. What, if any, teacher training or in-service assistance is available to K and 1st grade teachers in order to assist them in

strengthening the skills of children "at risk" or those considered "in need of further observation?"

12. What, if any, follow-up programs are available in your school for children who score at the margins to help them acquire the skills they need to remain in regular education classes?

13. For children who score sufficiently high above the norm to warrant referral to the superintendent as "possibly gifted," what if any programs were you able to create to serve these children's needs? Was it necessary to transfer the children to another school in the district in order to offer a gifted program to them? Were the parents most often accepting of such a move?

District # _____ Date of Interview: _____
Persons(s) Interviewed: _____
PEA's Visitor's Name: _____

CLASSROOM TEACHER

1. What are your responsibilities for parental involvement in the Chapter 53 screening program? What role, if any, do you have in acquainting parents with the screening program? Are different procedures used to acquaint non-English-speaking parents?

2. How do parents generally react to the screening program when they first learn about it? How often do parents object to the screening or refuse permission? How do you handle this when it happens?

3. How interested are parents in knowing the results? How often do parents make an appointment to discuss the results in greater detail than the screening notice provides? How do you fulfill these requests if the parents are non-English-speaking?

4. If you did not do the actual testing, do you feel comfortable in answering questions parents have about their child's scores? In the case of non-English-speaking children for whom a translator was used, do you feel comfortable answering questions about their test results? Have you ever arranged for parents to meet with the translators? How often do parents ask to see the actual test papers on which the child's answers are recorded?

5. After learning the results, do parents react positively or negatively when a referral for special education is indicated?

6. After learning the results, do parents react positively or negatively when the superintendent is notified that their child may be gifted?

7. In your opinion, do the screening results instill in parents unrealistic expectations (too high or too low) about their children's abilities?

8. The citywide screening plan ascribes to the classroom teacher the task of identifying the dominant language of each child in the class and determining which children should be screened in a language other than English. How do you make this determination? Have you ever been given an "oral abilities test" from the State Education Department to use for this purpose? What involvement do you have with the parent in making this decision? Do you ask the parents to fill out a prereferral or registration questionnaire? Would such a form be helpful?

9. Do you have any other responsibilities during the actual screening and, if so, what?

10. As the screening program is now conducted in kindergarten and first grade, a screening team does the actual assessment, but the citywide screening plan assigns the classroom teacher the task of completing the "individual screening record." (SS07) Does this mean you complete only part 4, the notice to parents, or do you also complete pages 1-3? If you are recording the actual results of the screening on the SS07, how do you get the information from the screening team who conducts the actual testing?

11. In prior years, the classroom teacher conducted the screening of kindergarten and first graders. Do you have an opinion about which method is preferable: in terms of accuracy of results? in terms of objectivity of results? in assessing the needs of non-English-speaking children?

12. Do you feel the manner of scoring the responses on the screening instrument adequately allows for developmental delays? for children with little or no preschool exposure? Does the instrument permit an opportunity to adapt the questions in order to elicit a response from children struggling with the problem or question? If so, do you think this destroys the integrity of the child's overall score?

13. As the screening results are now reported, what opportunity, if any, is there to include personal judgments about the child's performance, or personal observations and impressions about the child's reactions and behavior during the testing? What effect, if any, does this have on the outcome of the testing, e.g. referrals?

14. According to the district reports, children are categorized in three groups: children referred to the SBST, children referred to the superintendent for superior performance, and children considered "in need of further observation." In prior years, there was no category for further observation. What, if any, difference has the addition of this category made in terms of the effect of the screening upon children who score at the margins and are considered "at risk?"

15. Of the children placed in the "further observation" category, are they retested at a later date? If so, how much time passes between the screening and the retesting? In your experience, how different are the results of the retest? Are the children more or less likely to be referred as a result of the second screening?

16. What adaptations or modifications do you make to your classroom and instruction for the children classified "in need of further observation?" What, if any, training is provided by your principal or district to enable teachers to retain children "at risk" within the regular class?

17. According to the citywide plan for screening, classroom teachers are responsible for completing class reports and forwarding them to the principal. What information do these reports contain? (SHSS-1, SHSS-2) Do you consult with the screening team prior to preparing the report? the translators?

18. By what criteria do you determine whether to refer children to the SBST for a complete evaluation? By what criteria do you determine whether to report children to the superintendent as gifted? By criteria do you consider children in the "further observation?"

19. Of the children referred for SBST evaluation based on the results of the screening, were there any surprises? Could you have made the referral based on your own personal experiences with the child in school without conducting the screening? What

are the "tell-tale" signs, in your opinion for children in either group?

20. Of the children referred for a full evaluation, how many were placed in special education and in what types of programs? Of the children referred to the superintendent as gifted, what special programs were they enrolled in (full-time; part-time)?

21. State law requires school districts to complete the screening before December 1 of each year. When were the children in your class screened? Do you think the testing is timed right for children of kindergarten and first grade age? Do you think the results would be more useful (and accurate) if the tests were given earlier or later in the year?

22. People who participate in or administer the screening tests are to receive training. How much training were you given and what did it involve? How were you trained for testing non-English -speaking children and in ascertaining the child's responses? Were you trained in using translators as a third party to the testing? Do you feel the training was adequate for you to be able to conduct the testing?

23. In prior years when classroom teachers conducted the screening, what training were you given both for testing English and non-English speaking children? Do you feel the training was adequate and comprehensive enough to enable you to conduct the screening professionally?

24. How long does the screening take? Do the children tire easily because of the test's length or the complexity of the tasks? Do you think enough time is allotted for the screening?

25. Where is the screening done in your school? How is the screening done--in small groups at one time or individually? Are the non-English-speaking children tested in the same place and group size? If you thought a child would score better if tested individually, is it possible to do so?

USE THIS SPACE FOR COMMENTS THAT DO NOT FIT ELSEWHERE:

District # _____ Date of Interview _____
Person(s) Interviewed _____
PEA Visitor's Name _____

SBST INTERVIEW

1. Chapter 53 screening is conducted for all new entrants to the public schools pursuant to state legislative mandates. At a minimum all kindergarten and first graders receive the screening. The purpose of this screening is to identify children who are "possibly gifted" or "possibly handicapped" and make appropriate referrals. Of the children referred to the SBST as a consequence of their scores on the screening instrument, have you found the results of the screening to be a good indicator of the child's abilities and learning difficulties? If so, in what way?

2. Does the existence of screening results eliminate any of the testing generally performed by the SBST on children who are referred? If so, which tests?

3. Of the children referred from kindergarten and first grade as possibly handicapped, do you know how many (or what percentage) were eventually classified and placed in a special education program? What types of handicapping conditions are most frequently involved with referrals of such young children and what types of placements do they generally require?

(a) In what way, if any, does your answer change for children who are non-English-speaking? Are the numbers of children referred higher? Are more or less of them found not to be handicapped after formal assessment? What types of handicapping conditions are discovered, and what placements do these children most often require?

4. Of the children referred from kindergarten and first grade as possibly handicapped, how many were the result of developmental delays, lack of preschool experiences, only children syn-

drome, late bloomeritis, and other factors not generally regarded as part of a handicapping condition?

5. Do you have an opinion about whether the Chapter 53 screening is a valuable tool or an obstacle in finding and diagnosing children with learning problems? Do you feel it comes too early, at least for these children? or do you believe many children are "caught" in time to prevent the need for extensive remediation or special education instruction later on? If so, have you done any follow-up of the children placed in special education at kindergarten or first grade to see how long they remain in special education or how frequently they are returned to regular grades? What do your informal efforts show?

6. Do you see any ethnic patterns in the children identified by the screening instrument and if so, what are they? Do you have an opinion about the reasons for this? Would you say that the test itself produces any disproportionate results?

7. How do you feel about the accuracy of the results and consequently the referrals of non-English-speaking children, given the manner in which the screening is administered to them, i.e. through translators? Do you tend to do a more in-depth assessment of these children as a result? If so what, if anything, does this involve beyond conducting an assessment with bilingual personnel?

APPENDIX B

SCREENING TEST FORMS

NEW YORK CITY PUBLIC SCHOOLS

BEST COPY AVAILABLE

1

Individual Student Screening Record for the *BRIGANCE® K & 1 Screen*

A. Student's Name _____ ☐ F ☐ M

Address _____

I.D.# _____

Date of Screening _____ (Year) _____ (Month) _____ (Day) School _____ Class _____

Birthdate _____ Home Language _____ Screening Language(s) _____

B. BASIC SCREENING ASSESSMENTS

C. SCORING

Page	Assessment Number	Person Screening	Skill (Circle the skill for each correct response and make notes as appropriate)	Number of Correct Responses	Point Value	Gross Motor	Fine Motor	Receptive Language	Expressive Language	Cognitive Skills
2	1		**Personal Data Response:** Verbally gives: 1. first name 2. full name 3. age 4. address (street or mail) 5. birthdate (month and day)	x	1 point each				/5	
3	2		**Color Recognition:** Identifies and names the colors: 1. red 2. blue 3. green 4. yellow 5. orange 6. purple 7. brown 8. black 9. pink 10. gray — **Articulation Problems:** Yes No	x	½ point each					/5
8	3		**Picture Vocabulary:** Recognizes and names picture of: 1. dog 2. cat 3. key 4. girl 5. boy 6. airplane 7. apple 8. leaf 9. cup 10. car — **Articulation Problems:** Yes No	x	½ point each					/5
5A	3A		**Expressive Language:** 1. Gives differences 2. Gives likenesses 3. Gives Consequences	x	3 pts ea				/9	
6	4A		**Visual Discrimination:** Visually discriminates which one of four symbols is different: 1 o 2 c 3 c 4 b 5 n 6 on 7 be 8 can 9 they 10 was	x	1 point each					/10
8	5		**Visual-Motor Skills:** Copies: 1. O 2 – 3 + 4 □ 5 Δ	x	1 pt ea		/5			
9	6		**Gross Motor Skills:** 1 Hops 2 hops on one foot. 2. Hops 2 hops on either foot. 3 Stands on one foot momentarily. 4 Stands on either foot momentarily. 5 Stands on one foot for 5 seconds 6 Stands on either foot for 5 secs 7. Walks forward heel and toe 4 steps 8 Walks backward toe and heel 4 steps 9 Stands on one foot momentarily with eyes closed 10 Stands on either foot momentarily with eyes closed	x	1 point each	/10				
11	7		**Draw a Person (Body Image):** Draws picture of person that includes the body parts: 1 head 2 legs 3. eyes 4 nose 5 mouth 6 arms 7. trunk 8 hands 9 ears 10 neck	x	1 point each					/10
12	8		**Rote Counting:** Counts by rote to: *(Circle all numerals prior to the first error.)* 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	x	1 pt /4 in seq					/8
14	10		**Recites Alphabet:** Recites alphabet to: *(Circle all letters prior to the first error.)* a b c d e f g h i j k l m n o p q r s t u v w x y z	x	1 pt /5 in seq					/5
17	12		**Numeral Comprehension:** Matches quantity with numerals: 2 1 4 3 5 7 9 6 8 10	x	1 pt ea					/10
18	13		**Recognition of Lower Case Letters:** Recognizes and names lower case letters: e a d g q b p c e i t i f j n m r h u v w y x z k s	x	½ point each					/13
20	14		**Auditory Discrimination:** *(Circle the number or letter if both responses are correct.)* 1 m— met-met; sum-sun 2 b— tab-tab; bit-mit 3 h— hide-wide; hat-mat 4 j— jet-wet; just-just 5 g— gate-late, sag-sat 6 r— rid-bid, raid-raid 7 s— set-wet, bus-bud 8 d— hid-hid, dab-dab 9 n— next-next; nut-mutt 10 f— fix-mix; fan-fan	x	1 point each letter				/10	
21	15		**Prints Personal Data:** Prints: 1. first name 2 last name *Reversals:* Yes____ No____	x	5 pts ea		/10			
23	17		**Numerals in Sequence:** Writes numerals to: 1 2 3 4 5 6 7 *Reversals:* Yes____ No____	x	1 pt ea					/7
					Subtotal	/10	/15	/10	/14	/70

D. HEALTH

Physical Examination ☐ needed ☐ requested ☐ complete

Immunization ☐ provisional ☐ complete

Visual Acuity ☐ needed ☐ further examination ☐ satisfactory

Hearing Acuity ☐ needed ☐ further examination ☐ satisfactory

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E. RESULTS

	Appears to Perform Below Skill Level	Observation Indicated	No Apparent Difficulties	Appears to Perform Well
Gross Motor				
Fine Motor				
Receptive Language				
Expressive Language				
Cognitive Skills				
Articulation				

F. SUMMARY

Total Score /119

☐ Request SBST involvement

☐ Further observation needed

☐ No further assessment needed at this time

☐ Performs above expectation

SS07 8/83

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CUMULATIVE RECORD COPY

NEW YORK CITY PUBLIC SCHOOLS Individual student screening record for DIAL

Copyright 1982 by Carol Mardell and Dorothea Goldenberg
All rights reserved
CHILDCRAFT EDUCATION CORP.

STUDENT'S NAME _____ TODAY'S DATE ____ ____ ____ (YEAR MONTH DAY) IDIOMA DEL HOGAR _____ IDIOMA EN QUE SE HA EXAMINADO _____

DIRECCIÓN _____ BIRTHDATE ____ ____ ____

☐F ☐M ID NUMBER _____ C.A. ____ ____ ____ CLASS _____ SCHOOL/PROGRAM _____

GROSS MOTOR	SCALED SCORE 0	1	2	3
1. Throwing (Right Left Both)	0	1	2	3
2. Catching	0	1	2	3
3. Jumping	0	—	2	3
4. Hopping (1 2 3 4 5 6 R; 1 2 3 4 5 6 L)	0	1-4	5-8	9-10
5. Skipping	0	1	2	3
6. Standing Still	0-9	10-19	20-29	30"
7. Balancing	0	1-2	3-4	5-6
TOTAL _____ (Max =21)				

FINE MOTOR	SCALED SCORE 0	1	2	3
1. Matching	0	1-3	4-7	8-10
2. Building	0	1	2	3
3. Cutting (Right Left)	0	1	2	3
4. Copying Shapes (○ 0 1 2 3; + 0 1 2 3; □ 0 1 2 3; △ 0 1 2 3)	0	1-5	6-9	10-12
5. Copying Letters (E 0 1 2 3; N 0 1 2 3; D 0 1 2 3; S 0 1 2 3; Right Left)	0	1-5	6-9	10-12
6. Touching Fingers	0	1	2	3
7. Clapping Hands	0	1	2	3
TOTAL _____ (Max =21)				

CONCEPTS	SCALED SCORE 0	1	2	3
1. Sorting Blocks	0	1-5	6-8	9-12
2. Naming Colors (R Y B G O P)	0	1-5	6-10	11-12
3. Counting (1 2 3 4 5 6 7 8; 1 3 5)	0	1-4	5-12	13
4. Positioning (on under next back front)	0	1-2	3-4	5
5. Following Directions	0	1	2	3
6. Identifying Concepts: ☐big ☐little; ☐fast ☐slow; ☐hot ☐cold; ☐long ☐short; ☐empty ☐full; ☐day ☐night; ☐more ☐less	0	1-5	6-11	12-14
7. Identifying Body Parts: ☐Mouth ☐Chin; ☐Eye ☐Elbow; ☐Nose ☐Shoulder; ☐Ear ☐Ankle; ☐Neck ☐Hip; ☐Knee ☐Wrist	0	1-4	5-8	9-12
◆ TOTAL _____ (Max =21)				

COMMUNICATIONS	SCALED SCORE 0	1	2	3
1 Articulating (peg fork; knife dog; match lamp; pin rat; hammer pail; wagon fish; ring grass; garbage chair)	0-16	17-21	22-26	27-32
2. Remembering (2) (5 3) (7 1 4) I am a big boy (girl) Grass is green in the summer Alligators always brush their teeth	0	1-3	4-5	6
2 3 Naming Nouns, Verbs (dog car eating; fish TV swimming; horse train walking; bird phone flying; cat sleeping; girl washing)	0-16	17-24	25-30	31-32
4. Coping (hungry 0 1 2; sleepy 0 1 2; cold 0 1 2; toy 0 1 2)	0-4	5-6	7-8	—
5. Naming Self, Age & Sex	0-1	2	3	4
6. Classifying Foods	0	1-3	4-5	6
7. Telling a Story (noun pron adj verb adv conj prep interj)	0-1	2-4	5-8	—
SENTENCE LENGTH	0-2	3-4	5-6	—
◊ TOTAL _____ (Max =21)				

RECEPTIVE LANGUAGE: △ X 7=_____

EXPRESSIVE LANGUAGE: ◊ =_____

COGNITIVE SKILLS: [◆ + ◊] ÷ 2=_____

ARTICULATION: ☐ X 7=_____

CUT-OFF POINTS

Age (Yrs.-Mos.)	Boy	Girl	Age (Yrs.-Mos.)	Boy	Girl
2-6 - 2-8	4	5	4-3 - 4-5	13	14
2-9 - 2-11	5	6	4-6 - 4-8	14	15
3-0 - 3-2	6	7	4-9 - 4-11	15	16
3-3 - 3-5	7	8	5-0 - 5-2	16	17
3-6 - 3-8	9	10	5-3 - 5-5	17	18
3-9 - 3-11	11	12	5-6 - 5-8	18	19
4-0 - 4-2	12	13	5-9 - 5-11	19	20
			6-0 - 6-2	20	21

SENTENCE(S):

_____

_____

_____

_____

_____

HEALTH

PHYSICAL EXAMINATION ☐ needed ☐ requested ☐ complete

IMMUNIZATION ☐ provisional ☐ complete

VISUAL ACUITY ☐ needed ☐ further examination ☐ satisfactory

HEARING ACUITY ☐ needed ☐ further examination ☐ satisfactory

RESULTS	Appears to Perform Below Skill Level	Observation Indicated	No Apparent Difficulties	Appears to Perform Well
Gross Motor				
Fine Motor				
Receptive Language				
Expressive Language				
Cognitive Skills				
Articulation				

SUMMARY

☐ Request SBST involvement

☐ Further observation needed

☐ No further assessment needed at this time

☐ Performs above expectation

1 – CUMULATIVE RECORD COPY

5S07SP 3
10-84

Since your child is entering a New York State Public School for the first time, he/she must also meet the following health requirements

HEALTH

Area	Explanation	Comments
Physical Examination	All children must have a physical examination before entering school	If [needed] is marked, please take your child to your doctor or a health center and return the form to the school. If you have already requested a physical examination by the Department of Health, the box [requested] was checked and the school will follow up
Immunization	All children must be fully immunized in order to attend school	If [incomplete] is marked the school will contact you
Visual Acuity	All children's eyesight must be checked	If [further examination] is marked, please take your child to an eye doctor or wait for the school to contact you
Hearing Acuity	All children's hearing must be checked	If [further examination] is marked, please take your child to a hearing specialist for further hearing tests or wait for the school to contact you
	Where [complete] or [satisfactory] is checked nothing more needs to be done	

This explanation has been prepared by

Student Health and Screening Services

David Berg
Assistant Director (Acting)

Student Health and Screening Services

DIVISION OF PUPIL PERSONNEL SERVICES
362 Schermerhorn Street Brooklyn, New York 11217

Marvin Weingart
Executive Director (Acting)

EXPLANATION OF INDIVIDUAL STUDENT SCREENING RECORD KINDERGARTEN AND GRADE 1

Dear Parent

We are enclosing a copy of the results of our screening program for your child. So that you might understand the results of our screening, we have prepared this explanation of your child's Individual Student Screening Record. If you still have questions after reading it, please contact your child's teacher.

This screening will help us plan a better educational program for your child.

Sincerely,

Principal, P.S. _____

NEW YORK CITY PUBLIC SCHOOLS

Nathan Quinones
Chancellor

Charles I. Schonhaut
Deputy Chancellor

Louise Latty
Chief Executive
for Instruction

NEW YORK CITY PUBLIC SCHOOLS

Individual Student Screening Record for the *BRIGANCE®* K & 1 Screen

K

Student's Name _____ ☐ F ☐ M

Address _____

I.D.# _____

Date of Screening _____ (Year) _____ (Month) _____ (Day) School _____ Class _____

Birthdate _____ Home Language _____ Screening Language(s) _____

BASIC SCREENING ASSESSMENTS

Page	Assessment Number	Person Screening	Skill (Circle the skill for each correct response and make notes as appropriate.)	C. SCORING: Number of Correct Responses	Point Value	Gross Motor	Fine Motor	Receptive Language	Expressive Language	Cognitive Skills
2	1		**Personal Data Response:** Verbally gives 1 first name 2 full name 3 age 4 address (street or mail) 5 birthdate (month and day)	x	2 points each					
3	2		**Color Recognition:** Identifies and names the colors 1 red 2 blue 3 green 4 yellow 5 orange 6 purple 7 brown 8 black 9 pink 10 gray Articulation Problems: Yes No	x	1 point each					/10
5	3		**Picture Vocabulary:** Recognizes and names picture of 1 dog 2 cat 3 key 4 girl 5 boy 6 airplane 7 apple 8 leaf 9 cup 10 car Articulation Problems: Yes No	x	1 point each					/10
5A	3A		**Expressive Language:** 1 Gives differences 2 Gives likenesses 3 Gives Consequences	x	5 pts ea				/15	
6	4A		**Visual Discrimination:** Visually discriminates which one of four symbols is different. 1 ○ 2 □ 3 ○ 4 ⬭ 5 ↄ 6 ○ 7 I 8 P 9 V 10 X	x	1 point each					/10
8	5		**Visual-Motor Skills:** Copies 1 ○ 2 – 3 + 4 □ 5 △	x	2 pts ea		/10			
9	8		**Gross Motor Skills:** 1 Hops 2 hops on one foot 2 Hops 2 hops on either foot 3 Stands on one foot momentarily 4 Stands on either foot momentarily 5 Stands on one foot for 5 seconds 6 Stands on either foot for 5 secs 7 Walks forward heel and toe 4 steps 8 Walks backward toe and heel 4 steps 9 Stands on one foot momentarily with eyes closed 10 Stands on either foot momentarily with eyes closed	x	1 point each	/10				
12	8		**Rote Counting:** Counts by rote to: *(Circle all numerals prior to the first error.)* 1 2 3 4 5 6 7 8 9 10	x	½ point each					/5
13	9		**Identification of Body Parts:** Identifies by pointing or touching 1 chin 2 fingernails 3 heel 4 elbow 5 ankle 6 shoulder 7 jaw 8 hips 9 wrist 10 waist	x	½ point each					/5
15	11		**Receptive Language:** Listens to, remembers, and follows 1 one verbal direction 2 two verbal directions	x	2½ points each			/5		
17	12		**Numeral Comprehension:** Matches quantity with numerals 2 1 4 3 5	x	2 pts ea					/10
21	15		**Prints Personal Data:** Prints first name *Reversals:* Yes_____ No_____	x	5 points		/5			
					Subtotal	/10	/15	/5	/25	/50

HEALTH

Physical Examination ☐ needed ☐ requested ☐ complete

Immunization ☐ provisional ☐ complete

Visual Acuity ☐ needed ☐ further examination ☐ satisfactory

Hearing Acuity ☐ needed ☐ further examination ☐ satisfactory

E. RESULTS	Appears to Perform Below Skill Level	Observation Indicated	No Apparent Difficulties	Appears to Perform Well
Gross Motor				
Fine Motor				
Receptive Language				
Expressive Language				
Cognitive Skills				
Articulation				

F. SUMMARY

Total Score /195

☐ Request SBST involvement

☐ Further observation needed

☐ No further assessment needed at this time

☐ Performs above expectation

SS07
9 83

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CUMULATIVE RECORD COPY

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99

LA SALUD

Ya que su hijo(a) es admitido(a) por primera vez a una escuela publica en el Estado de Nueva York, él (ella) tiene que satisfacer también los siguientes requisitos de salud

AREA	EXPLICACIÓN	COMENTARIOS
Reconocimiento médico	Todo niño tiene que ser sometido a un reconocimiento medico antes de ser admitido en la escuela.	Si está marcado [se necesita] tenga la bondad de llevar a su hijo(a) a su médico o a un centro de salud y devuelva el certificado médico a la escuela. Si usted ha solicitado un reconocimiento médico en el Departamento de Salud el encasillado solicitado ha sido marcado y la escuela continuará el seguimiento
Inmunización	Todo niño tiene que estar totalmente inmunizado para poder asistir a la escuela.	Si está marcado [incompleto] la escuela se comunicará con usted
Agudeza visual	Hay que examinarle la vista a todos los niños.	Si está marcado [examen adicional] tenga la bondad de llevar a su hijo(a) a su médico de la vista o espere a que la escuela se comunique con usted
Agudeza auditiva	Hay que examinarle el oído a todos los niños.	Si está marcado [examen adicional] tenga la bondad de llevar a su hijo(a) a un especialista del oído para que le haga otras pruebas o espere a que la escuela se comunique con usted

Donde aparece marcado [completo] o [satisfactorio] no hay que hacer nada más.

Esta explicacion fue preparado por los
Servicios de Salud y Evaluacion para Estudiantes

David Berg
Director Auxillar Interino

Servicios de Salud y Evaluacion para Estudiantes
División de Servicios para Estudiantes
362 Schermerhorn Street, Brooklyn, Nueva York 11217

Marvin Weingart
Director Ejecutivo (Interino)

LA EXPLICACION DEL EXPEDIENTE INDIVIDUAL DEL CRIBADO DEL ALUMNO

Pre-Jardin de la Infancia y Jardin de la Infancia

Estimado padre/madre o guardián(a):

Le remitimos adjunto una copia de los resultados de las pruebas a que fue sometido(a) su hijo(a) en nuestro programa de cribado. Para que pueda usted entender los resultados del cribado, hemos preparado esta explicación del Expediente Individual del Cribado del Alumno. Si después de leerlo, aún tiene preguntas, tenga la bondad de comunicarse con la (el) maestra(o) de su hijo(a).

Este cribado nos ayudará a planear un mejor programa educativo para su hijo(a).

Sinceramente,

Principal, E.P. _____

LAS ESCUELAS PUBLICAS DE LA CIUDAD DE NUEVA YORK
Nathan Quinones
Canciller

Charles I. Schonhaut
Asistente Al Canciller

Louise Latty
Asistente Ejecutivo de Instruccion

APPENDIX C

STATE REQUIRED REPORT

THE STATE EDUCATION DEPARTMENT
DIVISION OF EDUCATIONAL FINANCE
BUREAU OF STATE AIDED PROGRAMS
99 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

BEST COPY AVAILABLE

SED Use Only

REPORT OF 1982-83 EXPENDITURES
FOR DIAGNOSTIC SCREENING

omplete 1 copy. Submit by August 1, 1983.

me of District School District of the City of New York County Citywide

INSTRUCTIONS

This report concerning diagnostic screening is required in order to carry out the intent of Section 3602, subdivision 21, of the Education Law. Expenditures made in the 1982-83 school year for the diagnostic screening of pupils grades K-6 must equal or exceed the diagnostic screening aid paid in the 1982-83 school year, as claimed at Entry 69 the 1982-83 SA-124. Insufficient expenditures may require a deduction from 1983-84 State Aid.

Diagnostic screening is defined as a preliminary method of distinguishing from the general population those pupils who ay possible be gifted or those pupils who may possibly have a handicapping condition. The statutory language is found Section 3208, subdivision 6, of the Education Law. Further definitions may be found in Part 117 of the Commissioner's egulations.

1. Number of pupils provided diagnostic screening during the 1982-83 school year in:
   a. Grades K-6 33 89,731
   b. Grades 7-12 34 26,404

2. Expenditures in 1982-83 for diagnostic screening of pupils in:
   a. Grades K-6 35 $ 3,179,703.28
   b. Grades 7-12 36 $ 102,963.11

3. Account codes in the 1982-03 ST-3, Annual Financial Report where these expenditures are recorded:

Account Code	Expenditures Grades K-6	Expenditures Grades 7-12
	See Table I	
TOTALS	$	$

CERTIFICATION

I do hereby certify that the data provided above is correct to the best of my knowledge and belief.

Lawrence H. Weintraub (Superintendent of Schools) Date

103 104

School Official to be contacted regarding this worksheet:

Name Lawrence H. Weintraub

BOARD OF EDUCATION OF THE CITY OF NEW YORK
REVENUE BUDGET UNIT

1982-83 State Aid

Diagnostic Screening Expenditures 1982-83

TABLE I

State Account Code	Expenditures Grades K-6	Expenditures Grades 7-12
A2110	$ 350,618.89	$ 102,963.11
A2815	1,966,269.28	
A9098	862,815.11	
Total	$3,179,703.28	$ 102,963.11

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF EDUCATIONAL FINANCE
BUREAU OF STATE AIDED PROGRAMS
99 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

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SED USE ONLY

REPORT OF 1983-84 EXPENDITURES FOR DIAGNOSTIC SCREENING

Complete 1 copy. Submit by August 1, 1984.

1984-85 STATE AID

Name of District Board of Education of the City of New York County Citywide

INSTRUCTIONS

This report concerning diagnostic screening is required in order to carry out the intent of Section 3602, subdivision 21, of the Education Law. Expenditures made in the 1983-84 school year for the diagnostic screening of pupils must equal or exceed the diagnostic screening aid paid in the 1983-84 school year, as claimed at Entry 70 of the 1983-84 SA-124.

Diagnostic screening is defined as a preliminary method of distinguishing from the general population those pupils who may possibly be gifted or those pupils who may possibly have a handicapping condition. The statutory language is found in Section 3208, subdivision 6, of the Education Law. Further definitions may be found in Part 117 of the Commissioner's Regulations.

1. Number of pupils provided diagnostic screening during the 1983-84 school year in:
   - a. Grades K-6 [36] 100,252
   - b. Grades 7-12 [37] 17,401

2. Expenditures in 1983-84 for diagnostic screening of pupils in:
   - a. Grades K-6 [38] $ 3,338,580.41
   - b. Grades 7-12 [39] $ 89,225.52

3. Account codes in the 1983-84 ST-3, Annual Financial Report where these expenditures are recorded:

Account Code	Expenditures Grades K-6	Expenditures Grades 7-12
	See Table 1	
TOTAL	$	$

BOARD OF EDUCATION OF THE CITY OF NEW YORK
REVENUE BUDGET UNIT

1983-84 State Aid

Diagnostic Screening Expenditures 1983-84

TABLE I

State Account Code	Expenditures Grades K-6	Expenditures Grades 7-12
A2110	$ 460,291.49	$
A2815.2, .4, .45	216,341.32	89,225.52
A2815.15, .16	1,713,969.72	
A9098	947,977.88	
Total	$3,338,580.41	$ 89,225.52

APPENDIX D

CITY REPORTING FORMS

NEW YORK CITY PUBLIC SCHOOLS

INDIVIDUAL STUDENT SCREENING RECORD

STUDENT'S NAME _____ SCHOOL _____

DATE OF BIRTH _____ F ☐ M ☐ CLASS _____

DOMINANT LANGUAGE _____ DATE OF REPORT _____

Health

Physical Examination ☐ needed ☐ complete Date of exam _____

Immunization ☐ incomplete ☐ complete Needed _____

Visual Acuity ☐ further examination ☐ satisfactory

Hearing Acuity ☐ further examination ☐ satisfactory

	FURTHER OBSERVATION INDICATED	NO APPARENT DIFFICULTIES	APPEARS TO PERFORM WELL	Person Screening
Gross Motor				
Fine Motor				
Receptive Language				
Expressive Language				
Cognitive Skills				
Articulation				

Other observations/factors/comments _____

SUMMARY ☐ Request SBST involvement ☐ No further assessment needed at this time ☐ Refer to Superintendent

SSO7
9/81

100H 9/81

APPENDIX E

SCREENING LETTER TO PARENTS

New York City
Public Schools

362 Schermerhorn Street
Brooklyn, New York 11217

Frank J. Macchiarola
Chancellor of Schools

Marvin Weingart
Assistant Superintendent
Office of Pupil Personnel Services
(212) 596-4840

Laura Schneider
Director (Acting)

Student Screening Services
(212) 596-7175

(TO BE TYPED ON SCHOOL LETTERHEAD)

Sample Letter for New Entrants, Grades 1-12

Dear Parent,

It is our pleasure to welcome your child to P.S. _____.

We are pleased to inform you that the New York City Public Schools will be providing a screening program for all incoming students. Screening will begin on or about _____. This program will help us find out more about your child's development in speech, hearing, language, coordination, health and learning abilities.

You will receive a copy of the report and any recommendations after your child has been screened. Another copy of the report will be placed in your child's cumulative record and will be maintained in a confidential manner.

If you have any questions or would like further information, please feel free to contact me.

Your cooperation is greatly appreciated.

Sincerely,

Principal

LS:mp

APPENDIX F

SCREENING RESULTS FORM AND LETTER FOR PARENTS

New York City
Public Schools

362 Schermerhorn Street
Brooklyn, New York 11217

Frank J. Macchiarola
Chancellor of Schools

Marvin Weingart
Assistant Superintendent
Office of Pupil Personnel Services
(212) 596-4840

Laura Schneider
Director (Acting)

Student Screening Services
(212) 596-7175

(To Be Typed On School Letterhead)

SAMPLE COVER LETTER: Notification To Parents of Screening Results
Students Who Need No Further Assessment

Date

Dear Parent,

The screening program for your child has been completed. Enclosed you will find a copy of your child's individual student screening record and an explanation of this profile.

We hope you will find this report informative. If you have any questions, or would like a conference to discuss this report, please feel free to contact me.

Very truly yours,

Principal

Enclosure
LS:mp

NEW YORK CITY PUBLIC SCHOOLS

Individual Student Screening Record

1. Student's Name _____ M F
Address _____
Birthdate _____ Year _____ Month _____ Day _____
Date of Screening _____ School _____ Class _____
Home Language _____ Screening Language(s) _____

B. AREAS SCREENED

Area	Definition	Examples
Gross Motor	Your child's ability to move freely and comfortably	Throwing, catching, running, jumping, skipping
Fine Motor	Your child's ability to handle objects	Cutting with a scissors Using a pencil, crayons
Receptive Language	Your child's ability to recognize and understand what is seen and heard	Following spoken directions
Expressive Language	Your child's ability to use spoken words to tell his/her ideas and thoughts.	Telling a story Answering questions
Cognitive Skills	Your child's ability to think and understand	Showing understanding of ideas such as up, down, behind, under
Articulation	Your child's ability to produce individual sounds and words	Repeating words

C. EXPLANATION OF REMARKS

The following comments are explanations of the terms used in Sections E and F below:

Appears to Perform Below Skill Level	Means that your child appeared to perform below level for his/her age in this area, at this time. For further explanation, contact your child's teacher.
Observation Indicated	Means that your child did not perform as well as expected
No Apparent Difficulties	Means that your child appeared to perform as well as most children for his/her age, in this area, at this time
Appears to Perform Well	Means that your child appeared to perform above level for his/her age in this area, at this time
Request S B S T involvement	The School Based Support Team consists of specialized professionals. One or more members of this team will review the screening and meet with your child's teacher.
Further Observation Needed	Your child did not perform as well as we expected. Your child's classroom teacher will watch your child's progress carefully. Please contact your child's teacher for further explanation
No further assessment needed at this time	The child is working on a level appropriate for his age. No other evaluation is needed
Performs Above Expectation	When the child appears to perform well in the areas screened, his/her name is sent to the Superintendent for review

D. ABILITY

Physical Examination ☐ needed ☐ requested ☐ completed
Auditory Screening ☐ provided ☐ completed
Visual Acuity ☐ completed ☐ Referred for Evaluation ☐ Parent Contacted
Teacher Assist ☐ needed ☐ Referred for Evaluation ☐ Parent Contacted

E. RESULTS	Appears to Perform Below Skill Level	Observation Indicated	No Apparent Difficulties	Appears to Perform Well
Gross Motor				
Fine Motor				
Receptive Language				
Expressive Language				
Cognitive Skills				
Articulation				

F. SUMMARY

☐ Request SBST involvement
☐ Further observation needed
☐ No further assessment needed
☐ Performs above expectation

113

116

SS07
8/83

Since your child is entering a New York State Public School for the first time, he/she must also meet the following health requirements:

HEALTH

Area	Explanation	Comments
Physical Examination	All children must have a physical examination before entering school	If needed is marked, please take your child to your doctor or a health center and return the form to the school. If you have already requested a physical examination by the Department of Health, the box requested was checked and the school will follow up
Immunization	All children must be fully immunized in order to attend school	If incomplete is marked, the school will contact you
Visual Acuity	All children's eyesight must be checked	If further examination is marked, please take your child to an eye doctor or wait for the school to contact you
Hearing Acuity	All children's hearing must be checked	If further examination is marked, please take your child to a hearing specialist for further hearing tests or wait for the school to contact you
	Where complete or satisfactory is checked	nothing more needs to be done

-101-

This explanation has been prepared by

Student Health and Screening Services

David Berg
Assistant Director (Acting)

Student Health and Screening Services

OFFICE OF STUDENT PROGRESS
362 Schermerhorn Street Brooklyn, New York 11217

Rosalyn Oratz
Director

EXPLANATION OF INDIVIDUAL STUDENT SCREENING RECORD KINDERGARTEN AND GRADE 1

Dear Parent:

We are enclosing a copy of the results of our screening program for your child. So that you might understand the results of our screening, we have prepared this explanation of your child's Individual Student Screening Record. If you still have questions after reading it, please contact your child's teacher.

This screening will help us plan a better educational program for your child.

Sincerely,

Principal, P.S. _____

NEW YORK CITY PUBLIC SCHOOLS

Nathan Quinones
Chancellor

Charles I. Schonhaut
Deputy Chancellor

Louise Latty
Chief Executive
for Instruction

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